



Town of Sneads

2028 Third Ave
P.O. Box 159
Sneads, FL 32460
Phone: 850-593-6636
Fax: 850-593-5079

www.sneadsfl.com

Facebook: Town of Sneads-City Hall

Employment Application

The Town of Sneads is an equal opportunity employer. No person will be discriminated against because of race, color, national origin, sex, age, handicap, marital status, or religion. The Town is an Equal Opportunity Employer, Equal Access Employer and Affirmative Action Employer.

INSTRUCTIONS

Application must be typewritten or printed legibly in ink if not electronically submitted. All questions must be answered. Applications which are not complete will not be considered. If the space provided is not sufficient for complete answers or if you wish to furnish additional information, attach additional sheets of paper the same size as the rest of this application, and number the answers to correspond to the questions.

Submit your application in person or by mail at the address above. All information you submit is subject to verification.

(Please Print or Type)

Applicants Name: _____

Position Applied for: _____

Date Available: _____

This application will be kept on file for 6 months from date returned to The Town of Sneads.

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for employment and if hired may be grounds for terminations at a later date. I understand that any information provided may be investigated as allowed by law. I understand that applications submitted for Town employment are public records, except as noted. I certify that all information provided are true and correct. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment with the Town.

Signature: _____ Date: _____

Exemption from Public Records Disclosure

Are you a current or former law enforcement officer, or other covered employee or the spouse or child of one, who is exempt from public records disclosure under § 119.07, Florida Statutes? Yes or No: _____

Type of job covered under Florida Statute covered: _____

Military Service

Are you a Military Veteran? Yes or No: _____ Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Social Security No: _____
Phone: _____ Email: _____

Please provide a COPY of your Driver's License.

Driver's License No: _____ State of Issuance: _____ Type: _____

Expiration Date: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for the Town? YES NO If yes, when? _____
Have you ever been convicted of a felony? YES NO If yes, when/explain? _____
Have you ever been convicted of a misdemeanor? YES NO If yes, when/explain? _____

Reference

Please list three Professional References.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Friends, Acquaintances or Relatives Employed by The Town of Sneads

Name: _____ Position: _____ Years Known: _____
Name: _____ Position: _____ Years Known: _____
Name: _____ Position: _____ Years Known: _____

Education

Your Name, if different while attending school or training: _____

Highest Grade School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Knowledge/ Skills/ Abilities (KSA)

List KSA's and /or certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s) etc. (You may use an additional sheet to provide additional information):

Previous Employment

If needed attach additional sheet, using the same format as on this. Resumes may be attached to provide additional information regarding duties and responsibilities.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Explanation of any gaps in Employment Dates:

Other Information

Is there any other information personal or professional that you think is important that we should know about you?
Please let us know in detail to your best knowledge. _____

