



Town of Medley

7777 NW 72 Ave.

Medley, FL 33166

305-887-9541

Employment Application

Instruction: **Please print.** The application must be filled out accurately and completely. Answer all questions. DO NOT LEAVE any section(s) BLANK. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use a separate full sheet of paper that is the same size of this page. On each additional page, be sure to include your name and the position applying for. You may also attach copies of documents or certificates which supports your application. All materials submitted become property of Town and will not be returned. All statement made on the application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of the employment.

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

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 of Medley? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

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

College/ University: _____ Address: _____

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

Other: _____ Address: _____

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

References

Please list **two professional references** and **two personal references**.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

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
☐ ☐

Do you have a relative employed with the Town of Medley

Name: _____ YES NO
☐ ☐
Relationship: _____ Department: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Important: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present valid Social Security card, (2) take a Loyalty Oath as per Florida Statue, Section 876.05 and (3) subsequent to an offer of employment, pass a medical examination. The medical examination will include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled are present in a candidate's blood or urine and have not been obtained and taken as directed by a valid prescription, the candidate will be DISQUALIFIED. Additionally, the Town is required by federal law to verify having seen documents which the applicant, must provide as part employment processing, that show the applicant identity and right to work in the United States.

Applicant: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I HEREBY certify that my answers are true and complete to the best of my knowledge. I understand that any incorrect, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release Medley, its officers, agents, and employees from any liability whatsoever in connection with such medical examination or the use of the test results therefrom.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____