

**TOWN OF PALM BEACH, FLORIDA
EMPLOYMENT APPLICATION**

Human Resources Department, P.O. Box 2029, Palm Beach, FL 33480
Fax: 561/838-5451

Notice: All applicants must file a separate application for each position. Applications with incomplete confidential information will not be accepted. COMPLETE ALL THREE PAGES.

INSTRUCTIONS: Complete this form in ink (PLEASE PRINT LEGIBLY) or on a typewriter. Answer ALL questions. Use a separate sheet of paper for additional information or explanation. All statements are subject to investigation and verification.

1. Position applied for:		2. Min. Salary Requirement		
		3. Home Phone		
4. Name (Last)	(First)	5. Pager Number		
6. Present Address (Street)	(City)	(State)	7. (Zip) Phone	

8. Have you ever been convicted of a crime; or pled guilty or nolo contendere to a crime other than minor traffic violations? Yes ___/No ___
If yes, please explain:

9. Do you have any relative(s) employed by the Town of Palm Beach? Yes ___ / No ___

If yes, give names and your relationship:

10. Have you served in the U.S. armed Forces? Yes ___ / No ___

If Yes, Dates from: _____ to: _____ Branch: _____ Rank: _____

- A. Do you claim VETERANS PREFERENCE (Chapter 295, Florida Statutes)? Yes ___ / No ___
If yes, attach a copy of your DD214.
- B. Have you claimed Veterans Preference since October 1987? Yes ___ / No ___
- C. Within 21 days of receiving notice of the position being filled, you may request an investigation by the Division of Veterans Affairs, Room 238, Carlton Building, Tallahassee, FL 32301.

11. EDUCATION: Circle last year completed: Grade School: 1 2 3 4 5 6 7 8 / High School: 9 10 11 12 / College: 1 2 3 4 5 6 7 8

School Name and Location	Major Courses	Dates Enrolled	Dates Graduated
High			
College			
Post Grad.			
Business or Trade			

Subjects of special study or research work:

12. Comments and Explanations:

13. EMPLOYMENT RECORD: Give a complete record of your employment or business activities for at least the last 10 years. Indicate any experience you have had which is applicable to the type of work for which you are applying. BEGIN WITH YOUR MOST RECENT EMPLOYMENT ON THE TOP LINE.

DATES: FROM	TO	TITLE OF POSITION	Starting Salary	Final Salary
EMPLOYER NAME		DUTIES		
ADDRESS				
NAME OF SUPERVISOR		COMPANY PHONE #	REASON FOR LEAVING	

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EMPLOYER NAME		DUTIES		
ADDRESS				
NAME OF SUPERVISOR		COMPANY PHONE #	REASON FOR LEAVING	

<p>I hereby authorize the Town of Palm Beach to obtain from my former employers all data needed to support this application. I certify that the information given by me is true and complete to the best of my knowledge and belief. I understand that any falsification of material facts will be grounds for rejection of this application or dismissal after employment.</p>		<p>*****NOTICE*****</p> <p>In compliance with the Immigration Reform and Control act of 1989, the Town of Palm Beach will hire only U.S. Citizens and lawfully Authorized Alien Workers. All Candidates must complete Form I-9 and submit all required identification as listed in Section 2 of Form I-9.</p> <p>Any false statement given on the Form I-9 will be grounds for rejection of application for, or dismissal after, employment.</p>
_____	_____	
Date	Signature	

