

TOWN OF LEE, FLORIDA
286 NE County Road 255 - Lee, FL 32059
Tel: 850-971-5867
Fax: 850-971-0092

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

NOTE: This application must be completed in its entirety and signed if you wish to be considered for employment with the Town of Lee. Information submitted on the application may be subject to verification. Completed applications must be returned to City Hall. Photocopies are acceptable.

APPLICATION INFORMATION

Position Applied For: _____ Date of Application: _____

Last name: _____ First Name: _____ MI: _____

Address: _____

Home Phone: _____ Cell Ph: _____ Work Ph: _____

Soc Sec No: _____ Date of Birth: _____ Drivers Lic No: _____

Date Available: _____ E-mail: _____

Type of employment desired: Full-Time _____ Part-Time _____ Temporary _____

Have you ever been convicted of a crime in the past? Yes _____ No _____

If yes, please explain: _____

Have you ever been employed here before? Yes _____ No _____ If yes, When? _____

Are you legally eligible for employment in this country? Yes _____ No _____

If you are under 18, do you have a work permit? Yes _____ No _____

Personal References:

Name: _____ Address: _____ Ph #: _____

Name: _____ Address: _____ Ph #: _____

Name: _____ Address: _____ Ph #: _____

EDUCATION

Name and address of High School: _____

Received Diploma? Yes _____ No _____ Date received: _____
 Received GED? Yes _____ No _____ Date received: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL			
NAME	ADDRESS	COURSE STUDY	DEGREE RECEIVED

BUSINESS, CORRESPONDENCE, TECHNICAL OR VOCATIONAL SCHOOLS			
NAME	ADDRESS	COURSE STUDY	DEGREE RECEIVED

WORK EXPERIENCE - START WITH MOST RECENT JOB

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		NATURE OF WORK RESPONSIBILITIES	
HOURLY RATE/ SALARY		REASON FOR LEAVING	

WORK EXPERIENCE

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		NATURE OF WORK RESPONSIBILITIES	
HOURLY RATE/ SALARY		REASON FOR LEAVING	

WORK EXPERIENCE

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		NATURE OF WORK RESPONSIBILITIES	
HOURLY RATE/ SALARY		REASON FOR LEAVING	

WORK EXPERIENCE

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		NATURE OF WORK RESPONSIBILITIES	
HOURLY RATE/ SALARY		REASON FOR LEAVING	

* PLEASE ATTACH A COPY OF YOUR **RESUME** AND **REFERENCES**, IF AVAILABLE.

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Address: _____

Telephone Numbers: _____

- I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
- IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE TOWN’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE TOWN’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE TOWN. I UNDERSTAND THAT NO TOWN REPRESENTATIVE OTHER THAN THE TOWN MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE TOWN MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.
- I UNDERSTAND THAT IF SELECTED FOR EMPLOYMENT BY THE TOWN OF LEE, I AM REQUIRED TO TAKE A DRUG SCREENING TEST.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE	
INTERVIEWED BY:	DATE:
REMARKS:	
NEATNESS:	ABILITY
HIRED: _____ YES _____ NO	POSITION/DEPARTMENT
SALARY/WAGE	DATE REPORTING TO WORK
EMPLOYMENT MANAGER:	