

**TOWN OF WELAKA**  
**P. O. Box 1098**  
**Welaka, Fl 32193**  
**(904) 467-9800**

**APPLICATION FOR EMPLOYMENT**

The Town of Welaka is an equal opportunity employer and always employs the best qualified individual for the job based on job related qualifications, and regardless of race, color, sex, national origin, age, disability, or other protected status under federal, state, or local law.

PLEASE PRINT . All information requested must be completed in full regardless of whether or not a resume is attached.

**PERSONAL** DATE \_\_\_/\_\_\_/\_\_\_

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LAST FIRST MIDDLE/MAIDEN

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NAME: \_\_\_\_\_

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STREET CITY: STATE: ZIP:

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ADDRESS: \_\_\_\_\_

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HOME PHONE: \_\_\_\_\_ SOCIAL SECURITY NUMBER:

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ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Y N ARE YOU AT LEAST 18 YEARS OLD? Y N

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HAVE YOU EVER BEEN CONVICTED OF A FELLONY? Y N Explain if yes:

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DRIVER'S LICENSE # (If required by job): \_\_\_\_\_ ISSUED BY WHAT STATE:

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ARE YOU RELATED TO A CURRENT TOWN OF WELAKA EMPLOYEE: Y N

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If yes, to whom? \_\_\_\_\_ RELATIONSHIP?

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**JOB INTEREST**

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POSITION DESIRED: \_\_\_\_\_ SALARY DESIRED: \$ PER

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TYPE OF WORK PREFERRED FULL TIME PART TIME DATE AVAILABLE:

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WHO REFERRED YOU \_\_\_\_\_

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ARE YOU EMPLOYED NOW? Y N MAY WE CONTACT YOUR PRESENT EMPLOYER: Y N

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HAVE YOU EVER WORKED FOR THE TOWN OF WELAKA BEFORE Y N

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IF YES, WHERE: \_\_\_\_\_ WHEN:

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**EDUCATION**

	ELEMENTARY	HIGH	COLLEDGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME CITY / STATE				
YEARS COMPLETED (CIRCLE)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
		DEGREE RECEIVED: DATE RECEIVED:		
		COURSE OF STUDY		

DESCRIBE ANY SPECIALIZED TRAINING, VOCATIONAL TRAINING, APPRENTICESHIPS, SKILLS, EXTRA CURRICULAR ACTIVITIES, AND/OR HONORS RECEIVED.

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**WORK EXPERIENCE**

Start with your PRESENT OR LAST JOB and list all previous employers  
PRESENT OR MOST RECENT JOB

Employer (Company's) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Dates Employed: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Work Performed: \_\_\_\_\_

Why did you leave this employer? \_\_\_\_\_

**SECOND MOST RECENT JOB**

Employer (Company's) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Dates Employed: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Work Performed: \_\_\_\_\_

Why did you leave this employer? \_\_\_\_\_

**THIRD MOST RECENT JOB**

Employer (Company's) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Dates Employed: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Beginning Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Work Performed: \_\_\_\_\_

Why did you leave this employer? \_\_\_\_\_

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**FOURTH MOST RECENT JOB**

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Employer (Company's) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Dates Employed: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Beginning Salary \$\_\_\_\_\_ per \_\_\_\_\_ Final Salary \$\_\_\_\_\_ per \_\_\_\_\_

Work Performed: \_\_\_\_\_

Why did you leave this employer? \_\_\_\_\_

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**FIFTH MOST RECENT JOB**

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Employer (Company's) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Dates Employed: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Beginning Salary \$\_\_\_\_\_ per \_\_\_\_\_ Final Salary \$\_\_\_\_\_ per \_\_\_\_\_

Work Performed: \_\_\_\_\_

Why did you leave this employer? \_\_\_\_\_

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**SIXTH MOST RECENT JOB**

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Employer (Company's) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Dates Employed: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Beginning Salary \$\_\_\_\_\_ per \_\_\_\_\_ Final Salary \$\_\_\_\_\_ per \_\_\_\_\_

Work Performed: \_\_\_\_\_

Why did you leave this employer? \_\_\_\_\_

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**SEVENTH MOST RECENT JOB**

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Employer (Company's) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Dates Employed: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Beginning Salary \$\_\_\_\_\_ per \_\_\_\_\_ Final Salary \$\_\_\_\_\_ per \_\_\_\_\_

Work Performed: \_\_\_\_\_

Why did you leave this employer? \_\_\_\_\_

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IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE YOUR JOB HISTORY ON A SEPARATE SHEET OF PAPER.

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## SPECIAL SKILLS AND QUALIFICATIONS

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Summarize your special skills and qualifications or licenses acquired from employment or other experience.

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## MILITARY SERVICE *(Complete this section of you served in the U. S. Armed Forces)*

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DATES OF SERVICE: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

RANK: \_\_\_\_\_ ARE YOU IN THE NATIONAL GUARD OR RESERVES? Y N

## VETERANS PREFERENCE

Under Florida law, preference in employment shall be given first to those persons included in 1 or 2 below, and second to those persons included under 3 and 4 below.

PLEASE INDICATE WHETHER OR NOT YOU ARE CLAIMING VETERANS PREFERENCE. (Note: Documents substantiating your claim must be furnished at the time of application.)

I CLAIM VETERANS PREFERENCE BECAUSE I AM (check one):

1. I am a veteran with a compensable service-connected disability and I am eligible to receive compensation, disability retirement or a pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.

2. I am the spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

3. I am a veteran of any war who has:

- served on active duty for 181 consecutive days or more

OR

- served 180 consecutive days or more since January 31, 1955 and who was discharged or separated with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era. (Active duty for training is not allowable.)

€ 4. I am the unmarried widow or widower of a veteran who died of a service-connected disability.

\_\_\_\_\_

Branch of Service

\_\_\_\_\_

Date of Entry

\_\_\_\_\_

Date of Discharged

Have you claimed and been employed through veteran's preference since October 1, 1987?

€ YES Name of Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

€ NO

€ I DO NOT CLAIM VETERANS PREFERENCE

NOTE: Applicants who claim a veterans preference and are not selected for a position may file a complaint with the Division of Veteran Affairs, P. O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of hiring decision is not given, a complaint may be filed at any time.

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**REFERENCES**

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Please list the names and addresses of three people who know you well but who are not related to you.

NAME

ADDRESS

PHONE NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PHYSICAL RECORD**

Are you able to perform all of the essential functions of the position for which you have applied? Y N

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**SIGNATURE**

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By my signature below, I certify that the information I have provided on this application is true and complete. I understand that false statements or omission of facts will be cause for refusal to hire or for immediate dismissal if I have been employed. I agree, if hired to abide by all policies, rules, and regulations of Putnam County.

I give the TOWN OF WELAKA the right to investigate all references and information given. I hereby release from liability the county and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that I will be a probationary employee for my first 6 months of employment.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for completing this application,  
And for interest in employment with the TOWN OF WELAKA

**PLEASE DO NOT WRITE BELOW THIS LINE**

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Interviewed by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_