



APPLICATION FOR EMPLOYMENT



Village of Tequesta

345 Tequesta Drive, Tequesta, FL 33469. Tel: (561) 768-0550, Fax: (561) 768-0693

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR:

DATE OF APPLICATION:

PLEASE PRINT			
LAST NAME:	FIRST NAME:	MIDDLE:	
ADDRESS:	Street	City	State Zip Code
TELEPHONE NUMBER(S)			
EMAIL ADDRESS:			
HOW DID YOU LEARN ABOUT US?			
<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> TEQUESTA WEBSITE AD	<input type="checkbox"/> FRIEND	<input type="checkbox"/> GENERAL INQUIRY
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER _____	

Have you ever worked under another name? Yes No

If so, please provide name: _____

Have you ever been employed with us before? Yes No

If yes, please provide details: _____

Have you ever filed an application with us before? Yes No

If yes, please provide details: _____

Are any of your friends or relatives presently employed with the Village? Yes No

If yes, please state name and relation: _____

Are you currently employed? Yes No

Are you available to work: Overtime Yes No

Nights Yes No

Weekends Yes No

If you are under age 18, please state your age: _____

Date Available for work: _____ Wage Expected? _____ (hourly/annually)

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account)

If yes, please explain: _____

Have you ever been discharged from any employment or asked to resign? Yes No

If yes, please explain: _____

EDUCATION					
School Type	Name and Address of School	Course of Study/ Major	Circle last year attended	Graduated?	Diploma/ Degree
High School			9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate/ Professional			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

ADDITIONAL EXPERIENCE OR QUALIFICATION
List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

VETERANS PREFERENCE
<p>Veteran's preference will be granted to Florida residents in accordance with Florida law to eligible veterans and spouses of veterans. To be considered for veteran's preference points, you are required to submit a copy of your DD214 showing dates of entry, separation, and if disabled, proof of current receipt of disability benefits within 5 business days of applying for a position with the Village of Tequesta, or prior to the closing date announcement, whichever is later.</p>
<p>Did you serve in the Armed Services? _____ Branch of Service? _____</p>
<p>Date of Entry? _____ Date of Discharge? _____ Was your discharge honorable? _____</p>
<p>Have you previously claimed and been employed through a veteran's preference? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If so, please give name of employer? _____</p>
<p>Signature of Applicant: _____ Date: _____</p>

EMPLOYMENT HISTORY

NAME OF COMPANY	DATES EMPLOYED From	To	Describe your duties	Reason for Leaving (please explain)
Address				
City, State, Zip	HRLY RATE/SALARY Starting Final			
Telephone Number(s)				
Name & Title of immediate supervisor	May we contact? Yes No			
Job Title				
Explain any period between jobs				

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Telephone Number(s)				
Name & Title of immediate supervisor	May we contact? Yes No			
Job Title				
Explain any period between jobs				

BUSINESS OR PERSONAL REFERENCES

NAME	PHONE NUMBER(S)	OCCUPATION	RELATIONSHIP	HOW LONG KNOWN
1.				
2.				
3.				

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT ANY OMISSION OF FACTS, MISREPRESENTATIONS OR MISSTATEMENTS ON THIS APPLICATION MAY RENDER THIS APPLICATION VOID, DISQUALIFY ME FROM EMPLOYMENT CONSIDERATION WITH THE VILLAGE, OR IF EMPLOYED, CONSTITUTE GROUNDS FOR DISMISSAL

Questions regarding this statement should be directed to the employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Village to conduct recruitment and selection in an affirmative manner to provide equal employment opportunity to all applicants and to prohibit discrimination because of race, religion, color, national origin, gender, gender identity or expression, political affiliation, veteran status, marital status, familial status, pregnancy, ancestry, sexual orientation, age, disability, or any other discriminatory factor prohibited by law.

I authorize the Village of Tequesta to conduct a background check pertaining to my suitability for employment, which will include a criminal history check. I understand that any application information submitted to the Village of Tequesta is public record and I authorize any employee or agent of the Village of Tequesta to verify the information submitted. I hereby release all of my prior employers, schools and other persons from all liability related to any information provided them to the Village of Tequesta.

Subsequent to an employment offer, I give my voluntary consent to be examined and to be subject to a drug screening test. I understand that the result of this drug screening test may disqualify me from further consideration for employment. Further, I understand that acceptance of an offer of employment does not create a contractual obligation upon the Village to continue to employ me in the future.

I understand that I will be required to provide the Village of Tequesta with documentation which verifies my identity and my right to work in the United States

I understand that by signing this application, I agree to accept all of the above terms.

APPLICANT SIGNATURE: _____ DATE: _____

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan members who retire on or after July 1, 2010.



AUTHORITY FOR RELEASE OF INFORMATION

TO: Concerned Person or Authorized Representative of any
Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

I respectfully request and authorize you to furnish the VILLAGE OF TEQUESTA all information that you may have concerning my employment record, school records, character, reputation, divorce record (if applicable), financial status, and arrest records. Please include any and all medical, physical and mental records and reports, including all information of a confidential or privileged nature and photo stats of same, if possible. This information is to be used to assist the VILLAGE OF TEQUESTA in determining qualification and fitness for a position with Tequesta Fire Rescue.

Applicant's Signature

Date

Applicant's Address

BEFORE ME PERSONALLY APPEARED THE SAID _____
WHO SAID THAT HE/SHE EXECUTED THE ABOVE INSTRUMENT OF HIS/HER OWN
FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE
THEREFORE.

Witness By: _____
(PRINT)

Date: _____

Witness Signature

Witness Address

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared _____, who first being duly sworn and cautioned deposes and says:

1. As an applicant for the position of firefighter with the Village of Tequesta, Florida, the undersigned understands the requirement of Florida Statute 633.34(6), that an applicant for firefighter be a non-user of tobacco products for at least one year immediately preceding application.
2. The undersigned hereby swears and attests that he/she has not used tobacco or tobacco products for at least one year immediately preceding the date of this application.

FURTHER AFFIANT SAYETH NAUGHT.

Applicant's Signature

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____ who is personally known to me or who has produced a Florida driver's license as identification and who did take an oath.

Notary Public

(Print Name)

My Commission Expires:

Tequesta Fire Rescue

Requirements for Employment

AGE	Minimum age is eighteen (18) years.
EDUCATION	Must have graduated from an accredited high school or the equivalent.
PHYSICAL	Must be in good general physical condition as determined by a Village specified physician exam. This will include a drug screen.
LICENSE	Possess a valid State of Florida driver's license without record of DUI arrest, reckless driving charges, suspension or revocation in any State, within the last three years.
TESTING	Pass written and physical ability exams, oral interview exam, driving history and background check, as may be administered by this department.
AFFIDAVIT	Employee must be a non-user of tobacco or tobacco products. Applicant/employee must execute an instrument affirming non-use of tobacco or tobacco products for at least one year immediately preceding application.
CRIMINAL RECORD	Employee must neither have been convicted of a felony nor of a misdemeanor directly related to the position of employment sought, nor have pled solo contendere to any charge of felony pursuant to F.S.633.34(2).
RESIDENCY	The location of an employee's residence must be such that upon being called back to duty in an emergency situation, the employee can report to the department, ready for duty, pursuant to the policies and procedures established by the Fire Chief.



Name: _____

Position: _____

Date: _____

MINIMUM REQUIRED DOCUMENTS FOR FIREFIGHTER

Please include the following documents with your application:

	1. Copy of Driver License (With current address)
	2. Copy of Social Security Card
	3. Copy of High School Diploma OR equivalent
	4. Signed "Authority to Release Information" form (attached)
	5. Signed and Notarized tobacco "Affidavit "(attached)
	6. Completed and Signed "Florida Retirement System (FRS) Certification Form (attached)
	7. Copy EMT Certification and/or Paramedic Certification
	8. CPAT (Candidate Physical Ability Test) – Level A Good for (1) Year *Must have this before being hired; it is not required at time of application
	9. Copy of Florida State Fire Marshal Firefighter Certification
	10. List and attach copies of all other certificates: