





**SPECIAL ATTENTION: IF NO PAST EMPLOYMENTS ARE PROVIDED OR INSUFFICIENT INFORMATION IS PROVIDED TO CONTACT REFERENCES PLEASE DON'T WASTE TIME TURNING IN APPLICATION UNLESS THIS IS YOUR FIRST JOB**









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**NOTE - CERTIFICATION OF NON-TOBACCO USE WILL BE REQUIRED IF A JOB OFFER IS MADE AND EMPLOYMENT WILL BE DENIED TO TOBACCO USERS. DO NOT FURNISH MEDICAL INFORMATION WITH THIS APPLICATION.**



## FINAL CHECKLIST

\_\_\_\_\_ COMPLETED TOWN EMPLOYMENT APPLICATION

\_\_\_\_\_ COPY OF YOUR HIGH SCHOOL DIPLOMA (IF APPLICABLE)

\_\_\_\_\_ COPY OF YOUR SOCIAL SECURITY CARD

\_\_\_\_\_ COPY OF YOUR DRIVER'S LICENSE

\_\_\_\_\_ EMPLOYMENT CONTACT WAIVER AUTHORITY FOR RELEASE OF INFORMATION AUTHORITY FOR  
RELEASE OF INFORMATION SIGNED AND NOTORIZED PAGE 10

\_\_\_\_\_ APPLICANT'S CERTIFICATION SIGNED PAGE 9

\_\_\_\_\_ COPY OF COLLEGE OR ADDITIONAL TRAININGS

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

## Equal Employment Opportunity Survey OPTIONAL INFORMATION

Information recorded here will be used for payroll and reporting purposes only. Answers to the following questions are voluntary and the information shall be kept as part of personnel records. Refusal to answer will not result in adverse action of any applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position title for which you are applying: \_\_\_\_\_

Sex: Male\_\_ or \_\_Female Date of Birth: \_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security Number \_\_\_\_\_

In compliance with Florida Statute § 119.071(5), the Town is providing you with notice that your social security number may be used for one or more of the following purposes: payroll, reporting unclaimed properties, professional license, employment benefits, pre-employment background check, drug screening, income reporting, and immigration-related documentation. The Town may collect and use your social security number for any of these purposes, in performance of the Town's duties and responsibilities, as prescribed by law. Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary, unless a Federal statute specifically requires it or allows states to collect the number.

Disclosure of Social Security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.797, Florida Statutes. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I).

Section 7 of Public Law 93-579, The Privacy Act of 1974,[2] provides:"(a)(1) It shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number.