

## **OPEN POSITION: TOWN ADMINISTRATOR**

### **TOWN OF LAKE PLACID, FLORIDA**

**JOB POSTING CLOSES: July 31, 2024**

#### **Pay and Benefits**

Salary: \$ 100,000 t o \$ 120,000. Florida Retirement System paid by the Town and a 3% per Florida requirement paid by the employee, Health Insurance, vacation and sick leave benefits.

#### **SCOPE OF Work**

The Town Administrator shall be responsible for the supervision and direction of all departments and employees of the Town of Lake Placid in accordance a Town Council Adopted Resolution.

#### **ESSENTIAL FUNCTIONS**

**The following duties are normal for this position. The omission of specific statements of the duties does not exclude them from the scope of if the work is similar, related, or a logical assignment for this position. Other duties may be required and assigned.**

Supervises and directs all Town department heads, contractors, and franchise entities.

Serves as the Town's primary point of contact and represents it in all communications with the media, outside groups, and other government bodies. Additionally, facilitates inter-governmental relations with various agencies.

Responsible for publishing the agendas and attending all Town Council Meetings. Additionally, oversee the preparation of Town Council agenda issues, which includes conducting staff analysis and providing recommendations.

Communicates official plans, policies, and procedures to staff and the public.

Directs a high level of customer service to internal and external customers.

Monitors the existing/projected financial position of the Town.

Develops the annual Town budget recommendations; submits to Town Council for review and formal consideration; implements adopted budgets.

Assures that assigned areas of responsibility are performed within the budget; performs cost control activities, monitors revenues and expenditures to assure sound fiscal control; assists Department Heads in preparing their annual budget requests, then finalizes the budget submission to the Town Council and assures effective and efficient use of budgeted funds, personnel, materials, facilities, and time.

Communicates with Town Council on a regular basis to advise, provide status reports, make recommendations, and seek input on a wide range of issues affecting the Town.



Receives various documentation (e.g., contracts, agreements, letters, memorandums, reports, personnel action forms, etc.); analyzes and edits as necessary; approves and/or routes information to the Town Attorney for legal review and the Town Council; responds/forwards as appropriate.

Keeps abreast of new trends/advances in the profession; maintains professional affiliations; reads professional literature; attends workshops and training sessions as appropriate.

### **Commitment to the Mayor and Town Council**

The individual dedicatedly carries out their official duties throughout the workday, attending all Council meetings unless excused by the Mayor or Town Council. They ensure that the Council is always informed about the Town's affairs and needs, and provide annual reports or more frequent updates if requested by the Council on all departments and affairs of the Town. Their responsibilities include enforcing all ordinances and ensuring compliance with all franchises, leases, contracts, permits, and privileges granted by the Town.

Prepare and submit to the Council recommendations relative to all matters requiring Council action, placing before the Council such facts, information, and reports as are available to ensure the making of informed decisions. Submit to the Council a clear and detailed explanation of any proposed procedure which would involve either departure from established policy or the expenditure of substantial sums and abide by the decision of the Council. Interpret for the Council, with the assistance of the Town Attorney, as required, all laws, rules, and regulations relevant to the Town.

If there is a matter that is not covered by an ordinance or Council policy, you may take action at your own discretion. However, it is important to report such action to the Council as soon as possible and recommend an ordinance or policy to provide guidance for the future. Additionally, it is essential to analyze the need and draft any necessary ordinances or policies that could improve the town's health, safety, or welfare, and recommend them to the Council for adoption. Perform such other duties as may be required by the Council, consistent with the Town Charter, State Laws, the adopted resolution establishing the position of Town Administrator, or Town ordinances.

### **INTERGOVERNMENTAL FUNCTIONS**

Maintain knowledge of governmental trends, proposed, and adopted municipal, state, and federal legislation and their effect on the Towns' operations, and recommend appropriate action to the Council. Attend all meetings of other governmental agencies at which matters pertaining to the Town appear on the agenda or are expected to be raised, or keep informed of proceedings of these meetings. Attend such meetings, conventions, or conferences and read such publications as are necessary to keep abreast of the latest municipal management trends.

### **COMMUNITY RESPONSIBILITIES**

Represent the Town before the public and maintain, through cooperative leadership, both within and outside the Town, a program of publicity and public relations to keep the public informed of the activities, needs, and accomplishments of the Town. Meet with



private citizens and interest groups seeking information or bringing complaints and attempt to resolve problems tactfully and fairly.

## **SUPERVISORY RESPONSIBILITIES**

Have the authority to remove employees whom the Town Administrator has the power to appoint and shall closely supervise them and have control over them and their work, with the power to transfer an employee from one department to another. The Town Administrator shall evaluate those employees for whom he has responsibility and perform this duty in a timely manner.

The administrator shall supervise the departments to obtain the utmost efficiency in each of them but shall have no control over the Council or offices appointed by the Council except as to budget control. Communicate directly all actions of the Council relating to personnel matters to all Town employees and receive from the employees all communications to be made to the Council, unless such employees request to have their desires heard in person by the Council at a Council meeting. Confer with department heads and employees as necessary for the discussion of matters concerning the improvement and welfare of the Town.

## **MINIMUM QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

## ***EDUCATION and/or EXPERIENCE***

Bachelor's Degree in Business, management, or Governmental Management is preferred (Master's Degree in Public Administration desirable), with five or more years of experience at an increasing level of municipal management administration (or related); or any equivalent combination of education training, and experience which provides the requisite knowledge, skills, and abilities for this job.

## ***TERMS OF EMPLOYMENT***

Twelve months a year. Salary, fringe benefits, and vacation time are to be determined by the Personnel Manual and resolution as approved by the Council. The Administrator shall be appointed by the Mayor and the Lake Placid Council consents to the appointment and may be removed at the pleasure of the Mayor and/or the Town Council.

## ***LANGUAGE SKILLS***

Ability to read, analyze, and interpret common scientific and technical journals, financial reports, and legal documents. Ability to respond to common inquiries or complaints from citizens, customers, regulatory agencies, or business community members. Ability to write speeches and articles for publication that conform to prescribed style and format. Ability to effectively present information to top management, public groups, and/or boards of directors.



## **MATHEMATICAL SKILLS**

Knowledge of accounting or bookkeeping is sufficient to ensure adequate budget building, budgetary control, and proper fiscal accounting.

## **REASONING ABILITY**

Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

## **OTHER SKILLS AND ABILITIES**

**PHYSICAL DEMANDS** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required to stand and walk. The employee must regularly lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

Must be physically able to operate various automated office machines, including a computer, printer, facsimile machine, copy machine, calculator, telephone, etc. Must be able to use body members to work, move or carry objects or materials. Must be able to exert up to twenty pounds of force occasionally and/or up to ten pounds of force frequently. Physical demand requirements are at levels of those for sedentary work.

**DATA CONCEPTION:** Requires the ability to compare and or judge the readily observable functional, technical, structural, or compositional characteristics (whether similar to or divergent from obvious standards) of data, people, or things.

**INTERPERSONAL COMMUNICATION:** Requires the ability of writing and speaking to people to convey or exchange administrative, technical, financial, governmental, and legal information. Includes giving assignments and/or directions to co-workers or assistants.

**LANGUAGE ABILITY:** Requires the ability to read a variety of informational documentation, directions, instructions, and methods and procedures related to the job of Town Manager. Requires the ability to write reports with proper format, punctuation, spelling, and grammar, using all parts of speech. Requires the ability to speak with and before others with poise, voice control, and confidence using correct English and a well-modulated voice.

**INTELLIGENCE:** Requires the ability to learn and understand basic to complex principles and techniques, make independent judgments without supervision, and acquire knowledge of topics related to the job of Town Manager.



**VERBAL APTITUDE:** Requires the ability to record and deliver information to supervisors and officials, to explain procedures and policies, and to follow verbal and written instructions, guidelines, and objectives.

**NUMERICAL APTITUDE:** Requires the ability to utilize mathematical formulas; add and subtract totals; multiply and divide; determine percentages; determine time and weight; and utilize statistical inference.

**INTERPERSONAL TEMPERAMENT:** Requires the ability to deal with people (i.e., staff, supervisors, the general public, and officials) beyond giving and receiving instructions, such as in interpreting departmental policies and procedures. Must be adaptable to performing under considerable stress when confronted with emergencies related to the job of Town Administrator.

The individual serving in the role of Town Administrator possesses a vast understanding of policies, procedures, and activities relevant to their job responsibilities. They exhibit extensive knowledge of administrative practices necessary for the completion of daily tasks and have the ability to develop and administer strategic plans and objectives for the efficient and effective completion of specific duties. Furthermore, they are capable of developing and implementing long-term goals to promote efficacy and efficiency within the Town.

The Town Administrator remains well-informed of any changes in policy, methods, computer operations, and equipment needs that pertain to departmental operations and activities. Effective communication and interaction with subordinates, supervisors, members of the general public, and all other groups involved in the activities of the Town are also core competencies of this role. Written reports and documents can be produced to a high standard, in a concise, clear, and effective manner.

The Town Administrator demonstrates excellent organizational, management, human relations, and technical skills. They exercise independent judgment and discretion in supervising subordinates, including handling emergency situations, determining and deciding upon procedures to be implemented, setting priorities, maintaining standards, and resolving problems. They possess the ability to comprehend, interpret, and apply regulations, procedures, and related information.

The Town Administrator is equipped with comprehensive knowledge of the terminology, principles, and methods utilized within the Town. They also have a strong mathematical aptitude and can handle required calculations using percentages and decimals. The individual serving in this role is proficient with computers and remains capable of reading, understanding, and interpreting financial reports and related materials.

**WORK ENVIRONMENT** The work environment characteristics described here are representative of those employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is occasionally exposed to outside weather conditions. The noise level in the work environment is usually moderate.



WORKING CONDITIONS:

Work in an office environment; sustained posture in a seated position for prolonged periods of time.

*The Town of Lake Placid is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the town may provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer. Signatures below indicate the receipt and review of this job description.*

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



**TOWN OF LAKE PLACID**  
**APPLICATION FOR AT WILL EMPLOYMENT**

1069 US 27, Lake Placid, Florida 33852  
Telephone 863-699-3747  
lakeplacidinfo@gmail.com

POSITION DESIRED \_\_\_\_\_ DATE \_\_\_\_\_

Police Department applicants may require additional application data as presented by the Police Chief.

**INSTRUCTIONS**

Application must be typewritten or printed legibly in black ink. All questions must be answered. If space provided is not sufficient for complete answer or you wish to furnish additional information, attach sheets of the same size to the application and number answers to correspond with questions. Applications that do not provide correct or adequate information will not be considered further.

**PERSONAL HISTORY**

FULL NAME:

LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER (Opt)
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RESIDENCE ADDRESS	MAILING ADDRESS
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CITY	COUNTY	STATE	ZIP	EMAIL
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TELEPHONE NUMBER(s) \_\_\_\_\_

STATE IDENTIFICATION NUMBER or DRIVER'S LICENSE NUMBER	STATE ISSUED
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OTHER: LIST ALL OTHER NAMES YOU HAVE USED INCLUDING CIRCUMSTANCES AND TIME PERIODS YOU USED THEM. FOR EXAMPLE; FORMER NAME(S), MAIDEN NAME(S), ALIAS(S), AND NICKNAME(S)

The Town of Lake Placid is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

Are you a United States citizen? \_\_\_\_\_ Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ If naturalized, please provide

DATE \_\_\_\_\_ NATURALIZATION NUMBER \_\_\_\_\_

Date Application Submitted \_\_\_\_\_



Have you ever filed an application with us before? \_\_\_\_\_ Approximate dates \_\_\_\_\_

Have you ever been employed by us before? \_\_\_\_\_ Approximate dates \_\_\_\_\_

## EDUCATION/TRAINING

High School (School Name, Dates attended, Graduation Type)

\_\_\_\_\_

Do you have a High School Diploma \_\_\_\_\_ Type \_\_\_\_\_

College (College Name, Dates attended, Graduation Type, Course of Study)

\_\_\_\_\_

\_\_\_\_\_

OTHER SCHOOLS/TRAINING/PROFESSIONAL LICENSES/CERTIFICATIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESUME ATTACHED YES/NO \_\_\_\_\_

Describe any job experience or computer skills (surgeon, mechanic, Microsoft products) and list all software you can use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## EMPLOYMENT HISTORY

List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment. Note that the town does contact past employers for references. The EMPLOYMENT CONTACT WAIVER on the last page and correct intelligible information below helps to speed this process. In the absence of sufficient past job performance information, the town reserves the right to hire applicants whose past performance can be confirmed over applicant's whose past performance is hidden or unverified.

**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**

Employer Name	Dates Worked (From ... to ...)	Salary
Reason for leaving	Employer Address	Employer Telephone
Reference person at site		
Describe in detail what jobs you did		
May we contact this employer for a reference?		
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Employer Name	Dates Worked (From ... to ...)	Salary
Reason for leaving	Employer Address	Employer Telephone
Reference person at site		
Describe in detail what jobs you did		
May we contact this employer for a reference?		
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Employer Name	Dates Worked (From ... to ...)	Salary
Reason for leaving	Employer Address	Employer Telephone
Reference person at site		
Describe in detail what jobs you did		
May we contact this employer for a reference?		



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Employer Name	Dates Worked (From ... to ...)	Salary
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Reason for leaving	Employer Address	Employer Telephone	Reference person at site
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Describe in detail what jobs you did

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May we contact this employer for a reference?

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Employer Name	Dates Worked (From ... to ...)	Salary
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Reason for leaving	Employer Address	Employer Telephone	Reference person at site
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Describe in detail what jobs you did

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May we contact this employer for a reference?

Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?      Yes or   No      If yes, please provide details.

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Have you ever had to manage money routinely as a part of your job description?      Yes or   No  
If yes, please provide name of employer and date of service.

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Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?      Yes or   No      If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

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THE TOWN HAS AN OBLIGATION TO ENSURE THAT ALL EMPLOYEES HAVE NO CONFLICTS OF INTEREST WITH TOWN EMPLOYMENT AND PRIVATE EMPLOYMENT AND THAT APPLICANT'S EMPLOYMENT WITH THE TOWN TAKES PRIORITY OVER ALL OTHER EMPLOYMENTS. UNDISCLOSED EMPLOYMENT AFFILIATIONS COULD RESULT IN TERMINATION



## ORGANIZATIONAL AFFILIATIONS

List all clubs, societies and volunteer organizations of which you are or have been a member

Name	City/State	Current or Past Member
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Name	City/State	Current or Past Member
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Name	City/State	Current or Past Member
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## ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? 2. Have you ever been convicted of a felony? Yes or No

If yes to question #1, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (include your juvenile charges and charges which have been sealed, if any.)

Name when arrested	Charge	Place and Department
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Date	Disposition
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Name when arrested	Charge	Place and Department
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Date
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Name when arrested	Charge	Place and Department
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Date
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## RESIDENCE HISTORY

Provide cities and states where you have lived for last ten years




## DRIVING HISTORY

Answer these questions if the job you are applying for will entail vehicle operation as part of your job duties.

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Are you a licensed Florida automobile operator or chauffeur?    Yes or    No                      License No.:

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Date of Expiration:                                      Restrictions:

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Do you hold or have you ever held an operator or chauffeur license in another state? Yes or No    Provide state(s), name used and approximate dates license(s) was/were held.

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Other state and license number

List in detail the traffic tickets you have received in the past fifteen years

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Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?    Yes    No  
If yes, please provide complete details including reason.

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## MILITARY HISTORY

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Have you ever served on active duty in the Armed Forces of the United States? Yes or No Branch

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Highest Rank Service # Duty Dates: (From... To...) Discharge Type

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Are you now or have you ever been a member of the Reserve Unit or the National Guard? Yes or No

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If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps.

ARE YOU CLAIMING ANY OIF THE FOLLOWING?

\_\_\_\_ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or \_\_\_\_ 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, or \_\_\_\_ A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or \_\_\_\_ The non-remarried widow or widower of a veteran who died of a service-connected disability.

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Have you claimed and been employed using veterans' preference since October 1, 1987? Yes or No

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If "yes", please give name of employer

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant

position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.



## PERSONAL REFERENCES AND ACQUANTANCES

Personal References: Give references (preferred not relatives, former or present employer) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well and their occupations. If retired, give former occupation. List especially any persons know that are working for or have worked for, the Town of Lake Placid. ATTENTION: IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAKE SURE THE TOWN CAN EASILY CONTACT THE REFERENCES IF OR WHEN, THE BACKGROUND INVESTIGATION IS IN PROGRESS. CORRECT TELEPHONE NUMBERS AND ADDRESSES ARE IMPORTANT AND LACK OF SAME MAY LEAD TO A DEROGATORY CONCLUSION OF THE APPLICANT'S INTEREST IN THE POSITION.

**SPECIAL ATTENTION: IF NO REFERENCES ARE PROVIDED OR INSUFFICIENT INFORMATION IS PROVIDED TO CONTACT REFERENCES PLEASE DON'T WASTE TIME TURNING IN APPLICATION**

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Reference Name	How do we contact the reference	Yrs known	Occupation
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Reference Name	How do we contact the reference	Yrs known	Occupation
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Reference Name	How do we contact the reference	Yrs known	Occupation
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Reference Name	How do we contact the reference	Yrs known	Occupation
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Reference Name	How do we contact the reference	Yrs known	Occupation
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Reference Name	How do we contact the reference	Yrs known	Occupation
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Are you related to anyone who is now or who has ever been employed by the Town of Lake Placid? If yes names and relation.

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## APPLICANT'S CERTIFICATION OF INFORMATION ENTERED

I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, omission or misrepresentation may disqualify me as an applicant or cause my dismissal from the Town of Lake Placid. All statements made by me on this application are true, correct and, complete, to the best of my knowledge.

I consent to a pre-employment drug test.

My employment or appointment will be contingent upon the results of a complete drug test I may be required to take drug tests during the term of my employment or appointment with the TOWN OF LAKE PLACID.

I authorize all persons and organizations referenced in this application to furnish the TOWN OF LAKE PLACID information, personal or otherwise, regarding my ability and fitness for employment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Lake Placid.

I understand that this employment application shall become the property of the Town of Lake Placid. The application and information received in response to the background investigation are public records except where state statute exempts.

If employed by, or appointed to, the TOWN OF LAKE PLACID, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the TOWN OF LAKE PLACID and its official representatives.

I am hereby informed that employment with the Town of Lake Placid is "At Will."

If you are applying by email you will be asked to sign and initial each page prior to any background investigation being done. Any untruthful statements within the application discovered either during the background investigation or after you are hired may result in your dismissal.

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

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APPLICANT'S SIGNATURE

DATE SIGNED



**EMPLOYMENT CONTACT WAIVER  
AUTHORITY FOR RELEASE OF INFORMATION**

To: \_\_\_\_\_  
Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
as entered above

The following applicant has applied for employment in the Town of Lake Placid, Fl.

\_\_\_\_\_  
APPLICANT'S NAME:                      DATE OF BIRTH:                      SOCIAL SECURITY NUMBER (Optional):

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:    TOWN OF LAKE PLACID, FLORIDA    1069 US  
27 North    Lake Placid, Fl. 33852

I (Applicant) \_\_\_\_\_ hereby authorize any Town of Lake Placid representative bearing this release, or copy thereof, to obtain any information in my prior files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct any entity having such information to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Lake Placid.

I hereby release to you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Employer. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Employer to procure such reports at any time during my employment, contract, or volunteer period. I understand that my credit report and the information therein shall be used in compliance with the Fair Credit Reporting Act or appropriate regulations. I also understand that I have a right to obtain a copy of my own credit report and can dispute any information.

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences.

\_\_\_\_\_  
APPLICANT'S SIGNATURE                      DATE                      APPLICANT ADDRESS

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore. Sworn and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. My Commission Expires on \_\_\_\_\_, 20\_\_\_\_\_.

Personally known- or - Produced Identification    Notary Public:    Type of identification produced: \_\_\_\_\_



## 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.