

Employment Application

Town of St. Leo 352-588-2622 P.O. Box 2479 34544 SR 52 Saint Leo, FL 33574

mail or email to: townclerk@townofstleo.org

				А	pplicar	nt Information	1				
Full Name:									Date:		
A -1-1	Last			Fi	irst			M.I.			
Address: Street Address								Ара	artment/Unit #		
	City							State		' Code	
Phone:	-					Email_		Cidio			
Date Availab											
Position App	lying for:			\/F6						\/50	
Are you a citi	izen of the	e United	States?	YES		If no, are you a	uthorized	to work in t	he U.S.?	YES	NO
Have you been employed here before?											
Do you have a valid driver's license?			YES		Number						
Has your license ever been revoked or suspended?			YES	S NO							
If yes, when	and for wl	hat reaso	on?								
					Ed	ucation					
High School:					Locati	on:					
Did you grad	-	YES	NO	Diploma:							
College:					Locati	on:					
Did you grad	uate?	YES	NO	Degree:							
Other:					Locati	on:					
Did you grad	uate?	YES	NO	Degree:							
					Re	ferences					
Please list th	hree refer	rences.									
Full Name:								Relations	ship:		
Company:								Ph	one:		
Address:											
Full Name:								Relations	ship:		
Company:								Ph	one:		
Address:											
Full Name:								Relations	ship:		
Company:								Ph	one:		
Address:											

			Previous	Employme	nt		
Company:						Phone:	
Address:	Starting Salary:					Supervisor: Ending Salary:\$	
Job Title:							
Responsibilities							
From:		To:		Posson	for Logying:		
	YES NO		YES NO		ioi Leaving		
Full-time?		Part-Time?		YES	NO		
May we contact	your previous	supervisor for a	reference?				
Company:						Phone:	
Address:						Supervisor:	
Job Title:				Salary:\$		Ending Salary:\$	
Responsibilities				-		, <u></u>	
From:		To:		Reason	for Leaving:		
Full-time?	YES NO □	Part-Time?	YES NO	1			
		s supervisor for a		YES	NO		
Company:						Phone:	
Address:						Supervisor:	
Job Title:				Salary:\$		Ending Salary:\$	
Responsibilities							
From:		To:		Reason	for Leaving:		
Full-time?	YES NO □	Part-Time?	YES NO)			
				YES	МО		
May we contact	your previous	supervisor for a		Ш	Ш		
Cummorizo on	v training akil	ls, licenses and/o	Skills and (a a a itian :	
Summanze an	iy irairiirig, skii	is, licerises and/c	or certification tha	at may qualify	y you for this p	JOSITION.	
_							

Military Service							
Branch:	From:	To:					
Rank at time of Discharge:	Type of discharge:						
Disclaime	er and Signature						
I certify that there are no misrepresentations, omissions, entries made by me are true, compete and correct to the		ements and answers and the					
I hereby authorize the Town of St. Leo to verify all information referenced from any and all liability for the release of info.		e all past employers and all					
If this application leads to employment, I understand that may result in my termination.	false or misleading information in n	ny application or interview					
I understand that nothing in this application, or in any price employment or any rights in the nature of a contract.	or or subsequent written or oral state	ement, creates a contract of					
I agree and understand that if I am hired by the Town of Stime, and may be terminated at any time, with or without of							
I understand that I have the right to end my employment a	at any time and that the Town of St.	Leo retains that same right.					
Signature:	Da	te:					

Qualified applicants are considered for employment and treated without regard to race, color, national origin, sex, age, disability, marital status, religious creed, sexual orientation, political affiliation, Veteran Status (except for Veteran's preference), or the presence of a non-related medical condition or handicap.

The Town of St. Leo is a drug-free workplace.

A pre-employment drug screen, criminal history background investigation, and a driver's license verification may be conducted.