America's Seaplane City

City of Tavares Employment/Volunteer Application

201 East Main Street
Tavares, FL 32778
Telephone 352-742-6211 • Job Line 352-742-6450
An Equal Opportunity Employer and a Drug-Free Workplace

Applicants who need accommodation in accordance with the Americans with Disabilities Act are asked to notify Human Resources.

VOLUNTEERS ARE NOT REQUIRED TO COMPLETE SHADED AREAS.

Posting Number	Position Title	Posting Date

Last/First/Middle

1. Name _____
(Last) (First) (Middle)

Other Name(s) you are known by: _____

2. Current Address _____
(Street Name, No.) (Apt. No.)

3. Mailing Address _____
(If different from above)

_____
City (County) (State) (Zip)

4. Previous Residence _____
(Street Name, No.) (Apt. No.)

_____
City (County) (State) (Zip)

5. Home/Cell Phone _____ (Area Code and Number) E-Mail Address: _____

6. **DO YOU WISH TO CLAIM VETERAN'S PREFERENCE?** ☐ **YES** ☐ **NO**

If yes, in order to be considered for Veteran's Preference, you must complete and submit the "Application for Veteran's Employment Preference", which is available in Human Resources, and a DD214 or other official document(s) from the Division of Veteran's Affairs which substantiates your eligibility for Veteran's Preference.

All applications and/or resumes *must* be submitted to Human Resources or postmarked by the advertised closing date, *without exception*. Applications and/or resumes are accepted *only* for positions that are posted and open for recruitment.

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

City of Tavares Human Resources staff or other designated City staff are authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment/volunteer service, including, but not limited to, military service, education and employment history.

A false answer to any question(s) in this application may be grounds for non-selection, or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statement. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation, material omission or falsification of facts shall cause forfeiture of all rights to employment/volunteer service with the City of Tavares. I understand that should I receive a conditional offer of employment/volunteer service, the following tests may be required as a condition of employment/volunteer service with the City of Tavares; drug screen, medical questionnaire, medical evaluation, employment background check, education background check, certification verification, worker's compensation background check, motor vehicle records check, credit report, criminal history check, polygraph examination, psychological examination and a physical demonstration of job-related skills.

If accepted for employment/volunteer service, I agree to abide by and comply with all rules, regulations, policies and practices of the City of Tavares. I understand that should I be hired by the City of Tavares, my employment with the City is at-will, that I have the right to terminate my employment at any time with or without cause, and that the City has the same right. I understand that as a volunteer, I have no job status and no right to employment. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of the City of Tavares.

_____
DATE SIGNED APPLICANT/VOLUNTEER SIGNATURE IN INK

7. Type of Employment/Volunteer Service Sought (check all that apply)
☐ FULL TIME ☐ PART TIME ☐ HOURS AVAILABLE _____

If a job requirement, will you work: will you travel: ☐ Yes ☐ No
☐ Saturday ☐ Sunday ☐ Holidays
☐ Nights ☐ Various Shifts ☐ Other

Date available for work/service _____

8. Did you receive a High School Diploma? ☐ Yes ☐ No GED? ☐ Yes ☐ No

9. Universities or Community Colleges attended/attending Name City State	Dates From/To	Credit Hours Earned* Qtr./Sem.	Type of Degree Received	Date Degree Received	Indicate Major/Minor

*To receive consideration for college course work or Vocational Training, please provide quarter/semester or class hours earned in addition to dates attended. You may be required to submit college transcripts or list of courses successfully completed.

10. Business, Technical, Vocational Schools or Correspondence Courses** attended/attending Name City State	Dates From/To	*Quarter, Semester or Class hours earned.	Type of Degree or Program	Date Degree Received or Program Completed	Indicate Major/Minor

** If correspondence course, please identify as such.

11. Specific Skills: In the spaces below, list the equipment with which you have had experience or any special skills you possess.

OFFICE EQUIPMENT	YRS.	WPM	COMPUTER SOFTWARE	YRS.	WPM	OTHER EQUIPMENT (please describe)	YRS.
Typewriter			1.				
Dictaphone			2.				
Calculator		N/A	3.				
Computer			4.				

12. List the vehicles/equipment you can operate (if applicable to the job for which you are applying). You must also include this information in the Work History section on pages 3 and 4.

13. List active licenses, certificates or registrations, the registration number(s) and expiration date(s).

14. List any organization(s) to which you belong which you consider relevant to your ability to perform the job.

WORK HISTORY - YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. List your most recent employer first. If currently unemployed, leave present employer section of this application blank. Include any unpaid work experience as well as **military service**. If you held more than one position with the same employer, list each position separately. **Please BE SPECIFIC.** You must account for all periods of time for at least the last ten (10) years. For volunteer service, account for all periods of time for the last two (2) years. If desired, include a resume or additional pages to clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application. If additional space is needed, please provide the information in Item #37 on page 6.

15. Present Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

May we contact this employer? ☐ Yes ☐ No, explain in item #37, page 6.

From: _____
Month, Day & Year

To: _____
Month, Day & Year
☐ Full Time ☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

16. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

May we contact this employer? ☐ Yes ☐ No, explain in item #37, page 6.

From: _____
Month, Day & Year

To: _____
Month, Day & Year
☐ Full Time ☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

17. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

May we contact this employer? ☐ Yes ☐ No, explain in item #37, page 6.

From: _____
Month, Day & Year

To: _____
Month, Day & Year
☐ Full Time ☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

18. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

May we contact this employer? ☐ Yes ☐ No, explain in item #37, page 6.

From: _____
Month, Day & Year

To: _____
Month, Day & Year
☐ Full Time ☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

19. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

May we contact this employer? ☐ Yes ☐ No, explain in item #37, page 6.

From: _____
Month, Day & Year

To: _____
Month, Day & Year
☐ Full Time ☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

20. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

May we contact this employer? ☐ Yes ☐ No, explain in item #37, page 6.

From: _____
Month, Day & Year

To: _____
Month, Day & Year
☐ Full Time ☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

MISCELLANEOUS

Answer the following questions by circling "Y" (yes) or "N" (no). It is imperative that you provide detailed information when requested, i.e., dates, types, etc., in the space provided under Item #37, page 6 of this application.

21.	Are you able to perform the essential functions of the position with or without reasonable accommodation? If no please explain on item #37, page 6.	Y	N
22.	Have you ever been convicted of or plead guilty or no contest to any criminal violation of law? If yes, explain in Item #37, page 6. (A conviction does not automatically mean you are ineligible for hire. Please provide date(s), location(s), arresting agency(ies), charge(s) and disposition(s).)	Y	N
23.	Have you ever received a citation for a traffic offense? If yes, please explain in item #37, page 6.	Y	N
24.	Have you ever been discharged for any reason from any job? If yes, explain in Item #37, page 6.	Y	N
25.	Have you ever been employed by the City of Tavares? If yes, indicate in Item #37, page 6, your previous date(s) of employment. Department(s)/Division(s), position(s) and reason for leaving.	Y	N
26.	Are any members of your family or relatives (by blood or marriage) employed by the City of Tavares? *If yes, indicate their name(s), Department(s)/Division(s), and relationship in Item #37, page 6.	Y	N
27.	Are you a natural citizen of the United States? If yes, go to question 29. If no, complete question 28.	Y	N
28.	If you are not a natural citizen of the United States, do you have the legal right to remain and work in the United States? **NOTE:** If yes, documentation will be required. If no explain in Item #37, page 6.	Y	N
29.	Have you ever been a member of the U.S. Armed Services? (NOTE: If yes, please refer to Item 6, page 1 of this application.)	Y	N
30.	If position requires, are you willing to relocate to the Tavares area? If no, explain Item #37, page 6.	Y	N
31.	Do you have a source of transportation to work? If no, explain how you will get to work in Item #37, page 6.	Y	N
32.	Do you possess a current, **VALID** Florida driver's license? If yes, complete questions 33, and 34. If no, explain in Item #37, page 6.	Y	N
33.	Indicate which driver's license you possess by checking the appropriate box: ☐ E (Regular Operator's License) Commercial Driver's License (CDL) type: ☐ C ☐ B ☐ A		
34.	Do you have a driver's license endorsement(s)? If yes, please check the appropriate box(es): ☐ H (Any vehicle used to transport hazardous materials in placardable amounts.) ☐ N (Tank vehicle designed to transport any liquid or gaseous material with designed capacity of 1,000 gallons or more) ☐ P (Any vehicle designed to transport 16 or more passengers, including the driver.) ☐ Other _____	Y	N

35.	How were you referred to the City of Tavares? (Please check the appropriate box.)	☐ Tavares.org website ☐ Newspaper ☐ Employment Agency ☐ Walk-in ☐ Friend ☐ Other (please specify)_____ ☐ Relative _____
36.	Please list the name, address, telephone number and occupation of three (3) personal references who **are not relatives or previous employers**.	a. _____ _____ b. _____ _____ c. _____ _____

37.	If continuation of an answer, or additional comments, indicate item number to which answer(s) or comment(s) applies.

Thank you for your interest in employment with the City of Tavares!
PLEASE DO NOT WRITE BELOW THIS LINE.

HUMAN RESOURCES USE ONLY

_____	Criminal background	_____	Conditional offer
_____	Employment background	_____	Health profile
_____	Personal references	_____	Drug screen
_____	MVR	_____	Polygraph
_____	Education / certification verification	_____	Psychological
_____	Workers' Compensation history	_____	Physical

_____
_____
_____
_____
_____
_____
_____
_____
_____

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. Iu nderstand 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, **Imus t 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.**

SIGNATURE _____ DATE _____

IV. Ia m **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,S MSOAP,o r 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 suspended[4] 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 _____

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.

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[1] If 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.

[2] Positions include OPS, temporary, seasonal, substitute teachers,p art-time, full-time, regularly established, etc.

[3] Florida 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.

[4] There 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.

City Of Tavares
Applicant Drug Testing
Authorization and Release

I hereby consent to have the necessary samples of urine taken and tested by a laboratory designated by the City of Tavares to determine the presence or absence of drugs in my system. I hereby authorize the City of Tavares to have samples taken and to have pre-employment drug testing performed to make this determination. I authorize the release of the results of such tests to a Medical Review Officer who is responsible for reviewing and verifying test results. I also authorize release of the verified test results from the Medical Review Officer to the Medical Review Officer to the Human Resources Director or designee.

The results of the pre-employment drug testing will be used to determine my eligibility for employment. I acknowledge that my refusal to cooperate in providing a urine sample will result in my ineligibility for employment with the City of Tavares

I hereby release the City of Tavares, the laboratory performing the testing/analysis, the Medical Review Officer reviewing and verifying the results, and all of their officers, directors, employees, attorneys, representatives, and/or agents for any and all liability arising out of the taking or testing of any samples of my urine to include communicating the test results pursuant to this authorization and release.

I understand that this testing authorization does not constitute an employment agreement or contract with the City of Tavares, nor does it alter my employment-at-will status. I understand and voluntarily acknowledge this authorization and release.

_____ _____

Applicant Signature Date

_____

Applicant Name
(please print)

City of Tavares

Authorization and Consent for Release of Information In Accordance with the Fair Credit Reporting Act

I, _____, do hereby acknowledge and agree that the City of Tavares, or its designated agent, may obtain information relevant to my background, character, general reputation, personal characteristics, and mode of living, as deemed relevant to my prospective employment, possibly to include a credit report. Further, the City of Tavares will communicate to me if it relies, in whole or in part, on my credit report in deciding not to offer me employment.

In signing below, I also acknowledge receipt of the Summary of Rights prepared pursuant to Section 609 © of the Fair Credit Reporting Act.

_____ _____
Signature Date

_____ (___)_____ (___)_____
Printed Full Name Home Phone Work Phone

Please acknowledge receipt of this notice:

I have received a copy of disclosure of intended background check and a summary of my rights under the Fair Credit Reporting Act.

_____ _____
Signature Date

This form is for completion by applicants, and is used to collect information for reporting purposes only.

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin or age. In keeping with that policy and to help us comply with federal and state Equal Employment Opportunity record keeping, reporting and legal requirements, please answer the questions below.

The information provided is confidential, and will be retained separately from your application for employment.

_____

Name Date of Birth Date of Application

Sex: **Male**_____ **Female**_____

Vietnam Veteran: **Yes**_____ **No**_____
Disabled Veteran: **Yes**_____ **No**_____

Race/Ethnic Group:
_____ **American Indian, or Alaskan Native**
_____ **Asian or Pacific Islander**
_____ **Black, not of Hispanic origin**
_____ **Hispanic**
_____ **White, not of Hispanic origin**
_____ **Other**

Do you qualify as disabled? _____ **If yes, indicate the nature of your disability here** _

_____

_____

_____

Position(s) applied for, or primary area(s) of interest _____

_____

Check one:
_____ **Full-time**
_____ **Part-time**

_____ _____

Signature Date

CITY OF TAVARES

201 East Main Street | **Human Resources Department** | Tavares, FL 32778

GENERAL INFORMATION

**** TO BE RETAINED BY APPLICANT ****

RE: APPLICATION FOR VETERAN'S EMPLOYMENT PREFERENCE

A. VETERAN'S PREFERENCE INFORMATION

The City of Tavares, in accordance with Chapter 295 of the Florida Statutes dealing with Veteran's Preference, provides preference in employment, on initial hire and retention to those Veterans who were discharged or released under honorable conditions only; or, the spouses of Veterans, in the following order:

1. A Veteran with a 30 percent or more compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense; OR,

2. 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,

3. A Veteran of any war who has served for 1 day or more during a wartime period and who was discharged or released therefrom under honorable conditions only. (Re: Subsection 1.01 (14) of the Florida Statutes effective April 08,1992); OR,

4. The unremarried widow or widower of a Veteran who died of a service-connected disability.

B. WARTIME ERA

1. Persian Gulf War: August 02, 1990, and ending on the date thereafter prescribed by presidential proclamation or by law. (To be determined).

2. Vietnam Era: August 05, 1964 to May 07, 1975.

3. Korean Conflict: July 27, 1950 to January 31, 1955.

4. World War 11: December 07, 1941 to December 31, 1946.

5. World War 1: April 06, 1917 to November 11, 1918, extended to April 01, 1920, for those Veterans who served in Russia; also, extended through July 01, 1921, for those Veterans who served after November 11, 1918, and before July 02, 1921, provided such Veterans had at least 1 day of service between April 05, 1917, and November 12, 1918.

6. Mexican Border Period: May 09, 1916 to April 05, 1917, in the case of a Veteran who during such period served in Mexico, on the borders thereof or in the waters adjacent thereto.

7. Spanish-American War: April 21, 1898 to July 04, 1902, including the Philippine Insurrection and Boxer Rebellion.

CITY OF TAVARES

Human Resources Department

GENERAL INFORMATION - Continued

** TO BE RETAINED BY APPLICANT **

RE: APPLICATION FOR VETERANS EMPLOYMENT PREFERENCE

C. APPLICANT DOCUMENTATION

1. Veterans, disabled Veterans and spouses of disabled veterans must furnish a DD Form 214 or military discharge papers or equivalent certification from the Veterans' Administration, listing military status, dates of service and type of discharge.

2. Disabled Veterans must furnish a document certifying that the veteran has a service-connected disability.

3. Spouses of veterans who cannot qualify for employment must furnish certification that the Veteran is totally and permanently disabled or an identification card issued by the division of Veterans' Affairs; spouses must also provide evidence of marriage to the Veteran and a statement that the spouse is still married to the Veteran at the time of application for employment. Proof also is needed that the Veteran cannot work because of the service- connected disability.

4. Spouses of persons missing in action, captured or detained in line of duty by a foreign power must furnish documentation from the Department of Defense or Veterans' Administration certifying that the person is missing in action, captured or detained in line of duty by a foreign power; spouses must also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of application for employment.

5. Unmarried widow or widower of a deceased Veteran must furnish documentation from the Department of Defense or the veterans' Administration certifying the service-connected death of the Veteran, evidence of marriage and a statement that the spouse is not remarried.

NOTE: All documents must clearly indicate they are copies of originals. Documents must be provided to Human Resources prior to the closing of the position vacancy for Veteran's Employment Preference consideration.

D. DIRECT INQUIRIES TO CITY OF TAVARES HUMAN RESOURCES

Should the vacant position for which you are applying and for which you claimed Veteran's Preference be filled by a non-preference applicant and/or you feel that proper consideration of the Veteran's Employment Preference law has not been provided to you, please contact **City of Tavares Human Resources, 201 East Main Street, Tavares, FL 32778, Telephone 352-742-6211.**

E. RIGHT TO AN INVESTIGATION

You also have the right to initiate an investigation by the Florida Division of Veterans' Affairs. You may do so by filing a complaint with the State of Florida, Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, A 33731, within 21 calendar days from the date you receive notice that you were not selected for the position. If a notice of a hiring decision is not given, a complaint may be filed at any time.

End

CITY OF TAVARES

201 West Main Street **Human Resources Department** Tavares, FL 32778

APPLICATION FOR VETERAN'S EMPLOYMENT PREFERENCE

(RE: City of Tavares "Employment Application")

APPLICANT S NAME: _____

FIRST MIDDLE LAST

SOCIAL SECURITY NO.: _____ _____

DATE

I. I wish to claim Veteran's Preference in Employment. NOTE: To claim Veteran's Preference, you must have indicated "Yes" in item 6 of the City of Tavares "Employment Application".

NOTE: Applicants wishing to claim Veteran's Preference in Employment must complete this form and return it with the completed City of Tavares "Employment Application". Documentation substantiating your claim must be furnished at the time of application (See: "General Information, Section C - Applicant Documentation' for appropriate documentation). The information provided herein is for the purposes of determining the applicant's eligibility for Veteran's Preference only. This form is retained in Human Resources.

II. CHECK THE APPROPRIATE BLOCK BELOW:

☐ A A veteran with a 30 percent or more compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense; OR,

☐ B The spouse of a Veteran who cannot quality 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,

☐ C. A Veteran of any war who has served in wartime for 1 day or more during a wartime period and who was discharged or relieved therefrom under honorable conditions only. (Re: Subsection 1.01 (14) of the Florida Statutes effective April 08, 1992); OR.

☐ D. The unremarried widow or widower of a Veteran who died of a service-connected disability.

III. Please complete the following information (Applicant's claiming a preference based on their spouse's service should provide this information as it pertains to their spouse).

1. Service Entry Date: _____
2. Discharge Date: _____
3. Type of Discharge: _____

(Attach DD Form 214 or other certification that provides the required information)

CITY OF TAVARES
Human Resources Department

APPLICATION FOR VETERAN'S EMPLOYMENT PREFERENCE - Continued

IV. Have you been employed by any state agency or any agency of a political subdivision of the State inclusive of villages, cities, towns, counties, boards, districts, etc.? ☐ **YES** ☐ **NO**

If yes, give name of employer:_____

Address:_____

I understand that If I was employed by any state agency or any agency of a political subdivision of the state, inclusive of villages, cities, towns, counties. boards, districts, etc., I am not eligible to claim Veteran's Preference in Employment

V. APPLICANT'S CERTIFICATION I ACKNOWLEDGEMENT

I hereby certify that the information provided on this "Application For Veteran's Employment Preference" form Is true and correct to the best of my knowledge. I understand that falsification of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in my dismissal, if employed.

I acknowledge mat I received, read and understand the appropriate procedures to follow in order to initiate an investigation Into any non-compliance with the Veteran's Preference laws as provided to me in the two-page document entitled "General Information -To Be Retained By Applicant".

VI. APPLICANT'S SIGNATURE

_____ X: _____
Date

VII. HUMAN RESOURCES USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.

1) Did the Applicant claim Veteran's Preference?.....☐ Yes ☐ No**
(See Item 6. of the applicants 'Employment Application.)

2) Did the Applicant furnish the required documentation?.....☐ Yes ☐ No**
(See Section III. Over)

3) Has the Applicant been employed by any state agency or any agency? .....☐ Yes** ☐ No
of a political subdivision of the State? (See Section IV. Above)

4) Did the Applicant serve one (1) day or more in eligible wartime period?.....☐ Yes ☐ No**

5) Was the Applicant given a copy of General Information "Application for Veteran* Employment Preference" which contains Section 'E. Right to An Investigation? .....☐ Yes ☐ No**

*If NO. Explain:_____

6) Does the Applicant qualify for Veteran's Preference?.....☐ Yes ☐ No**

** (1) ___Did not claim Veteran's Preference?
** (2) ___Did not provide required documentation.
** (3) ___Previously employed by a state agency aft, (See IV above).
** (4) ___Did not serve at least one (1) day in a wartime era.
** (5) ___ Other: _____

7) Position is exempt from the provisions of Veteran's Preference.

Completed by: _____ Date: _____

Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information used in the process of granting credit. This information is supplied by public record sources, credit grantors, and others to credit reporting agencies (CRAs) who organize and store that information for distribution to credit grantors, employers, and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRAs, specific responsibilities in connection with their respective roles in the credit granting and reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 at seq., at the Federal Trade Commission's web site (http://www.ftc.gov). You may have additional rights under state law. You may contact a state of local consumer protection agency or a state attorney general to learn those rights.

- Access to your file is limited. Your file may only be accessed by those who have a permissible purpose recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.

- Your consent is required for reports that are provided to employers or that contain medical information. A CRA may not give a report about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You can find out what is in your file. Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning "risk scores", "credit scores", or other economic predictors in your file. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request the report within sixty days of receiving the notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that 1) you are unemployed and plan to seek employment within sixty days, 2) you are on welfare, or 3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee up to eight dollars.

- You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you. Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you-such as denying an application for credit, insurance or employment – must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.

- You can dispute the inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within thirty days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source must also advise national CRA's – to which it has provided data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove inaccurate information from its files, usually within thirty days after you dispute it. However, the CRA is not required to remove accurate date from your file unless it is outdated (as described below) or cannot be verified. If you dispute results in an y change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling

you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell the third party who furnished information to CRA – such as a creditor who reports to a CRA – that you dispute and item, it may not then report the information to the CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free telephone number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the list for two years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address removed indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data violates the FCRA you may sue in state or federal court.

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors, and others not listed below	Federal Trade Commission Bureau of Consumer Protection-FCRA Washington, DC 20580
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management – Mail Stop 6-6 Washington, DC 20219*202-452-3693
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551*202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in the federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552*800-842-6929
Federal credit union (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314*703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Div. of Compliance & Community Affairs Washington, DC 20429*800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590*202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250*202-720-7051

CITY OF TAVARES SOCIAL SECURITY POLICY STATEMENT*

The City of Tavares recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, the City of Tavares must collect social security numbers under certain circumstances in order for the City to be able to properly perform its duties and functions as a municipal corporation and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number the City of Tavares provides the following statement regarding the City's collection of social security numbers:

THE CITY OF TAVARES COLLECTS YOUR SOCIAL SECURITY NUMBER ONLY FOR THE FOLLOWING PURPOSES:

- IDENTIFICATION AND VERIFICATION INCLUDING BUSINESS TAX RECEIPT VERIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- EMPLOYMENT AND VOLUNTEER CANDIDATE BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY

Each individual who provides a social security number to the City of Tavares shall be provided with a copy of this statement. Additional copies of this social security policy statement may be obtained by contacting City Hall, located at 201 East Main Street, Tavares, Florida 32778.

*This social security policy statement has been prepared by the City of Tavares in compliance with §119.071(5), Florida Statutes (2007),(effective January 16, 2008.