



TOWN OF HAVANA EMPLOYMENT APPLICATION

Date: _____

Complete this application in its entirety. Failure to provide complete and accurate information could cause rejection of your application. Information submitted on this application is subject to verification.

PERSONAL DATA

Name			Social Security Number		
ADDRESS	Last Name	First	Middle		
	Current _____			To _____	
				From _____	
	Previous _____			To _____	
			From _____		
Home Telephone Number _____			Alternate Telephone Number _____		
Position(s) Applied For _____				Rate of Pay Expected: _____	
Have you ever worked for the Town of Havana before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____					
What department? _____ Why did you leave the Town's employment? _____					
List any friends or relatives currently working for the Town:					
Name	Relationship	Address	Telephone Number		
When are you available to work? _____					

EMPLOYMENT HISTORY

List present and past employment, beginning with your most recent, and limited to the past ten years. If any periods of unemployment exist, note that as well. DO NOT omit any employers. Doing so may be cause for rejection of your application. Use additional pages if necessary.

May we contact the following employers? Yes No

If no, which employers should not be contacted? _____

1	Name & Address of Employer	Date Worked		Salary	Title or Position	JOB DUTIES	Reason for Leaving
		Mo.	Yr.				
		From	To				
	Name _____			Starting			
	Address _____						
	City _____ State _____			Ending			
	Telephone Number _____						
	Name of Supervisor _____						

PREVIOUS EMPLOYMENT (continued)

2	Name & Address of Employer	Date Worked		Salary	Title or Position	JOB DUTIES	Reason for Leaving
		Mo.	Yr.				
		From	To				
	Name _____			Starting			
	Address _____						
	City _____ State _____			Ending			
	Telephone Number _____						
	Name of Supervisor _____						
3	Name & Address of Employer	Date Worked		Salary	Title or Position	JOB DUTIES	Reason for Leaving
		Mo.	Yr.				
		From	To				
	Name _____			Starting			
	Address _____						
	City _____ State _____			Ending			
	Telephone Number _____						
	Name of Supervisor _____						
4	Name & Address of Employer	Date Worked		Salary	Title or Position	JOB DUTIES	Reason for Leaving
		Mo.	Yr.				
		From	To				
	Name _____			Starting			
	Address _____						
	City _____ State _____			Ending			
	Telephone Number _____						
	Name of Supervisor _____						

OFFICE SKILLS (Please indicate areas of competency)

Calculator
 Filing
 Typing WPM _____
 Computer Type(s) _____
 Software Type(s) _____

TRADE SKILLS (Check all that apply)

Automotive Mechanic Welding
 Heavy Equipment Operator Electrician
 Custodial work
 Grounds keeping
 Other _____

EDUCATION

	Print Name, Number and Street, City, State and zip code	No. of Yrs. Completed	Degree	Major course of study
High School				
College				
Graduate School				
Trade, Business Night or Corres.				

JOB TASK ANALYSIS INFORMATION

Are you able to perform the essential functions of the job for which you applied? Yes No
 If no, would you be able to perform these tasks with or without accomodation(s) Yes No
 If no, explain how you would perform these tasks and with what accomodation(s)

CITIZENSHIP

Are you a citizen of the U.S. ? Yes No

If no, do you possess an I-151 Card and I-551 Card, or an I-94 Card stamped "Employment Authorized" Yes No

OTHER INFORMATION

A. Criminal Record

Have you ever been convicted of a felony? Yes No

If yes, give the dates and explain. (Attach separate paper if necessary.)

A conviction will not necessarily disqualify you from employment.

B. Certification Records
 License, Registrations and Certification Numbers
 (indicate type of license, expiration date and State)
 (Attach a copy of your current driver's license)

C. Professional References
 Please list former supervisors and/or associates who are
 acquainted with your professional qualifications.

CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals. I certify that, to the best of my knowledge and belief, all the statements contained herein and on any attachments are true, correct, and made in good faith.

In compliance with the Town of Havana's Alcohol/Drug Policy, all applicants being recommended or offered initial employment are subject to a post-employment blood and/or urinalysis screening. Any applicant who tampers with or refuses the drug/alcohol test will be considered to have withdrawn his/her application for the position for which he/she applied. An applicant who receives a positive confirmed test result will not be eligible for hire by the Town of Havana for a period of six months from the date the positive drug test was administered. I further understand and agree that my employment will be contingent upon the results.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will" which means that the Town may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Town of Havana.

The Town of Havana does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status or disability in employment or the provision of services.

Signature

Date

AFFIDAVIT

STATE OF _____

COUNTY OF _____

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: _____ Notary Public Seal: _____

TOWN OF HAVANA

711 North Main Street
Post Office Box 1068
HAVANA, FLORIDA 32333

AUTHORITY FOR RELEASE OF INFORMATION

(Background Investigation Waiver)

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: Town of Havana, Florida

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information you your 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 you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release 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 likability 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 the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Town of Havana ATTN: Employment Application 711 North Main street Havana, Florida, FL 32333

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability fro such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Section 943.134(2)(a) and (4) F.S., Chapter 2001-94 Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____ Date _____

Applicant's address _____

STATE OF _____

COUNTY OF _____

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: _____ Notary Public Seal: _____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Integrity Group* (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for employment purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, driving history, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

* A d/b/a of Canopy Oaks Essential Government Solutions



AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT; and
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize The Integrity Group* to obtain “consumer reports” (deemed “investigative consumer reports” under 15 U.S.C. Section 1681.) about me at any time during the hiring process and throughout my employment, if applicable.

Signature: _____

Date: _____

Printed Name: _____

* A d/b/a of Canopy Oaks Essential Government Solutions



FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act (FCRA), I hereby authorize **The Integrity Group** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish **The Integrity Group** or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon a consumer report created by **The Integrity Group**, a copy of the report will be provided to me. I acknowledge receipt of a summary of consumers' rights has been provided to me by **The Integrity Group**.

Signature

Date

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by
_____ (name of person acknowledging).

Seal or Signature of Notary Public

Print, Type/Stamp Name of Notary

Personally known: _____ or Produced Identification: _____

Type of Identification Produced: _____



A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, you can go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the consumer reporting agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure by **The Integrity Group** if:
 - a person has taken adverse action against you because of information in your credit report developed by The Integrity Group;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file developed by The Integrity Group contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies that compile and maintain files on consumers on a nationwide basis. The term “consumer reporting agency that compiles and maintains files on consumers on a nationwide basis” means a consumer reporting agency that regularly engages in the practice of assembling or evaluating, and maintaining, for the purpose of furnishing consumer reports to third parties bearing on a consumer’s credit worthiness, credit

standing, or credit capacity These disclosures are not provided by **The Integrity Group**. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. **The Integrity Group** does not create scores or distribute scores used in residential real property loans.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file compiled by The Integrity Group that is incomplete or inaccurate, you may report it to **The Integrity Group** and it will investigate the discrepancy unless your dispute is deemed frivolous by **The Integrity Group**. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency such as **The Integrity Group** may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency such as **The Integrity Group** may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** The Integrity Group will not give out information about your credit worthiness to your employer, or a potential employer, without your written consent given to the employer. For more information, go to www.consumerfinance.gov/learnmore.
- **You may seek damages from violators.** If a consumer reporting agency or in some cases a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact the entities on the following page:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>