



For Your Records

The Town of Oakland is an Equal Opportunity Employer

The Town of Oakland does not discriminate in employment on the basis of age, race, color, religion, sex, national origin or marital status. Any applicant or employee who believes he/she has been discriminated against in any Town employment practice may file a report with the Town Commissioners at PO Box 98, Oakland, FL 34760

It is the policy of the Town of Oakland not to discriminate on the basis of disability in employment or the provision of services. Individuals who require reasonable accommodation in order to compete in an evaluation process must inform the Town Manager before the closing deadline for the position.

Veterans and spouses of veterans receive preference and are encouraged to apply. Supporting documentation (DD-214) must be presented at the time of application.

Florida is an "Open Records" State. Resumes and other data are subject to public/press inspection except where restricted by law.

DRUG FREE WORKPLACE STATEMENT

The Town of Oakland is a drug free workplace and as such is committed to providing an environment that encourages and supports a healthy, productive workforce and ensures safe working conditions.

Satisfactory completion of a pre-employment drug test is a mandatory condition of employment with the Town. A positively confirmed drug test or the refusal to submit to a drug test will result in the conditional offer of employment being withdrawn and will render the applicant ineligible for Town employment for twelve (12) calendar months from the date of the positive drug test.

PRE-EMPLOYMENT BACKGROUND CHECKS

Satisfactory completion of a pre-employment background check is a condition of employment with the Town of Oakland. Applicants selected for hire will be asked to provide specific information and documentation, which will be utilized to conduct a thorough background investigation. Persons submitting application to work at the Oakland Avenue Charter School are subject to all additional requirements for background checks as required by the District, State of Florida or the Federal Government.

SELECTIVE SERVICE EMPLOYMENT POLICY

Applicants seeking employment with the Town of Oakland, who are required to register with the Selective Service System under the Military Selective Service Act and who have received a conditional offer of employment must submit documentation of registration with the Selective Service System (or an exception from registration) before the employment offer is finalized.

INSTRUCTIONS FOR COMPLETING EMPLOYMENT APPLICATION FORM

We are delighted that you may be interested in being considered for a position with the Town of Oakland. Your application is the first step in the process of obtaining employment with the Town of Oakland.

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND COMPLETE ALL SECTIONS TO THE BEST OF YOUR KNOWLEDGE. Falsification or Omission of information may result in rejection of the application or dismissal if you are employed by the Town of Oakland.

Please PRINT in BLACK ink or use a typewriter. Pencil is not acceptable. If an item does not apply to you, write in the letters "NA" or Not Applicable.

IF HIRED YOU WILL BE REQUIRED TO FURNISH A CERTIFIED COLLEGE TRANSCRIPT and CERTIFICATIONS (IF APPLICABLE) as well as all information required to complete I-9 documentation in accordance with the Immigration Reform and Control Act.

If you do not have a home phone, you must provide a phone number where you can be reached and /or a message taken. If you change your address or telephone number, please notify us immediately.

EMPLOYMENT RECORD:

- List ALL employment and salary history.
- Account for any gaps between employment.
- Give complete address, telephone of previous employer and name of immediate supervisor at all jobs listed.
- A resume may be attached to supplement this application; however, you must complete all information requested on the application.
- You are required to sign and date your application. All statements should be complete and accurate to the best of your knowledge and are subject to verification. Falsification or omission of information may result in rejection of the application or dismissal if you are employed.

Applications and resumes are subject to disclosure under the Florida Public Records Act.

EMPLOYMENT PROCESS INFORMATION

- Applications for position vacancies are accepted during the posting period only. Any required testing must be administered during the posting period unless you are notified otherwise. Persons with a disability requiring reasonable accommodations for testing must contact (407) 656-1117 before the scheduled test.
- Applications are screened and handled by the Town Manager according to the position's minimum qualification requirements and desired skills/experience.
- Applications of qualified applicants are submitted to the hiring department for review and consideration for interviews
- Applicants not selected for interview/employment are notified by mail.
- Job postings are also available on our website at <http://www.oaktownusa.com>. Detailed information regarding education/requirements of nature of work can be obtained under the posted job listing.
- All job offers with the Town of Oakland are contingent upon satisfactory completion of a criminal background check and a screening for the presence of illegal narcotic substances. Post Physical Examinations may be required depending upon the job position.

Town of OAKLAND Florida

220 N. Tubb Street
Phone: 407-656-1117

Mailing Address: P.O. Box 98 Oakland, FL 34760
Fax: 407-656-2940

Website: www.oaktownusa.com

A TOWN APPLICATION IS REQUIRED for all positions and all qualifying information must appear on the application. Information from a resume will not be used to determine if minimum qualifications are met. A resume in lieu of an application will not be accepted.

Instructions: Please print or type. Complete all items. If a question is not applicable, enter "N/A". Do not leave any sections blank. Failure to complete this application in full may result in failure to hire or loss of employment opportunities.

Position Applying for: _____ Are you 18 years of age or older ___ Yes ___ No
Title: _____ Department: _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____ Social Security #: _____

Address: _____

City, _____ State, _____ Zip Code _____ How long Have You Lived There? _____

List chronologically all addresses for the last 5 years:

Previous Address: _____ City, _____ State, _____ Zip Code _____ # of Years at this Address _____

Previous Address: _____ City, _____ State, _____ Zip Code _____ # of Years at this Address _____

Previous Address: _____ City, _____ State, _____ Zip Code _____ # of Years at this Address _____

Home Phone _____ Business _____ Cellular _____ Other _____

Email is: Business _____ Home _____ Other _____

Emergency Contact _____ Name _____ Contact # _____ Relationship _____

Where did you first learn about the position for which you are applying? _____

Date Available for Work: _____

Do you want to work? Full-time Part-time How many hours per week? _____

Have you ever worked for the Oakland Board of Commissioners? Yes No Oakland Charter School? Yes No

If yes, please provide, Date of Employment/Division: _____

Do you have any relatives currently employed by the Oakland Board of Commissioners? Yes No

Name of Relative _____ Relationship to You: _____ Department: _____

List any other names which you may have used and which will be necessary to verify prior to your employment.

EDUCATION – TRAINING – SKILLS

Please circle highest level of education: Some High School / High School Graduate or GED / Some College / AA or AS Degree / Bachelor’s Degree / Master’s Degree / Doctorate Degree / Other Training

Name of High School/ College	Address City/State	Dates Attended		Credit Hours Completed Indicate Qtr./ Semester	Have you Graduated? Yes or No	Diploma Or Degree Achieved	List Major/ Minor
		From Mo/Yr Yr	To Mo/ Yr				

List any Special Skills (i.e. Foreign Languages, Office skills, computer skills equipment or machinery skills)

DRIVER LICENSE INFORMATION

Are you a licensed automobile operator? ___Yes___ No State _____ Driver's License Number: _____
 Issue Date: _____ Expiration Date: _____ Restrictions _____

(Complete only if driving is an essential function of the job for which you are applying)

Non-Commercial: Class E (operator) Class D **Commercial:** Class A Class B Class C

CDL Endorsement(s): Tanker Air Brakes Passenger HazMat Permit: Class A Class B

Bus Driver Endorsements : B Bus Driver

Do you hold or have you ever held a license in any state other than the one listed above? ___Yes___ No If yes, please explain:

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked ___Yes___ No. If yes, please explain:

Please list all moving traffic violations in the past five years.

LICENSES – CERTIFICATIONS – REGISTRATIONS

Please indicate any Professional / Occupational Licenses or Registrations / Certifications you currently hold:

Name of License / Certification / Registration _____

Issued By Number Issue Date Expiration Date State _____

Name of License / Certification / Registration _____

Issued By Number Issue Date Expiration Date State _____

CRIMINAL HISTORY/COURT RECORD

Have you ever been convicted of a crime, found guilty, or entered a plea of nolo contendere (no contest) even if adjudication was withheld; such record was sealed or expunged? ___ Yes ___ No If you checked yes, you must give complete details for each charge which includes certified copies of court and arrest records. Individuals who have been convicted of a misdemeanor may be considered for employment after three (3) years have passed since their conviction. Sealed or expunged records must be reported even if you have been advised to the contrary. OMISSION OF FACTS WILL BE PERCEIVED AS FALSIFICATION AND COULD BE GROUNDS FOR NON-EMPLOYMENT OR DISMISSAL.

 City Where Convicted State Date of Conviction Charge(s) Disposition(s)

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A conviction will not necessarily bar you from employment, but will be weighed on its own merit with respect to time, circumstances, seriousness, and the position for which you have applied.

MILITARY HISTORY

Are you registered for Selective Service? _____ Yes _____ No

Selective Service # _____ Classification _____ Date of Classification _____

Address of Local Board _____

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

Branch of Service _____

Highest Rank _____ Serial Number _____

Dates of Duty (mo/day/yr) _____ From: _____ To: _____

From: _____ To: _____

Discharge(s): Provide information for any period(s) of service.

Type _____ Basis _____ Date _____ Separation Center _____

Type _____ Basis _____ Date _____ Separation Center _____

Are you now or have you ever been a member of a reserve unit or the National Guard?

_____ Yes _____ No _____ Present _____ Former Branch of Service _____

If you attend drills give name of unit and location _____

Have you had any type of disciplinary action taken against you in the service? (be sure to include non judicial punishment (s), if applicable.) _____ Yes _____ No. If yes please explain: _____

Test Information: Certain positions require testing. Please check the job posting to see if the position you are applying for requires a test, such as, typing, math, data entry, etc. You will not be considered eligible without a current score on file. Test scores are valid for one year.

EMPLOYMENT HISTORY

You must include the past 10 years of employment history. Please list your employers in chronological order with present or last employer listed first. Please account for all time periods, including unemployment. If you held multiple positions within the same organization, list each position as separate employment. Note: Include any additional employment history that is relevant to the position for which you are applying.

If hired, can you provide proof that you are legally eligible to work in the United States? Yes No *If hired, you will be asked to provide documentation.* Do you have any employment history? Yes No **May we contact your current employer?** Yes No

#1 Employer Name **Address** **City, State Zip**

Supervisor Name		Title		Phone #	
Beginning Work Date Month/Year	Ending Work Date Month/Year	Beginning Salary Hour/Annual	Ending Salary Hour/Annual	How many employees did you supervise?	Reason for Leaving

Position: _____ Describe your duties in detail: _____

#2 Employer Name **Address** **City, State Zip**

Supervisor Name		Title		Phone #	
Beginning Work Date Month/Year	Ending Work Date Month/Year	Beginning Salary Hour/Annual	Ending Salary Hour/Annual	How many employees did you supervise?	Reason for Leaving

Position: _____ Describe your duties in detail: _____

#3 Employer Name **Address** **City, State Zip**

Supervisor Name		Title		Phone #	
Beginning Work Date Month/Year	Ending Work Date Month/Year	Beginning Salary Hour/Annual	Ending Salary Hour/Annual	How many employees did you supervise?	Reason for Leaving

Position: _____ Describe your duties in detail: _____

#4 Employer Name Address City, State Zip

Supervisor Name Title Phone #

Beginning Work Date Month/Year	Ending Work Date Month/Year	Beginning Salary Hour/Annual	Ending Salary Hour/Annual	How many employees did you supervise?	Reason for Leaving

Position: Describe your duties in detail:

#5 Employer Name Address City, State Zip

Supervisor Name Title Phone #

Beginning Work Date Month/Year	Ending Work Date Month/Year	Beginning Salary Hour/Annual	Ending Salary Hour/Annual	How many employees did you supervise?	Reason for Leaving

Position: Describe your duties in detail:

#6 Employer Name Address City, State Zip

Supervisor Name Title Phone #

Beginning Work Date Month/Year	Ending Work Date Month/Year	Beginning Salary Hour/Annual	Ending Salary Hour/Annual	How many employees did you supervise?	Reason for Leaving

Position: Describe your duties in detail:

Are there any gaps in your employment history? Please explain.

PERSONAL DECLARATIONS AND ASSOCIATIONS

Have you ever been fined while employed in a childcare facility? Yes No N/A

If yes, please explain: _____

Have you ever been subjected to disciplinary action by an employer or in any position you have held? Yes No

If yes, please explain: _____

Employer's Name: _____ Date: _____

Have you ever been discharged or asked to resign from any employment or position you have held, or have you quit any job after being told you would be fired? Yes No If yes, please explain:

Employer's Name: _____ Date: _____

Have you left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes, please explain:

Have you left a job for other reasons under unfavorable circumstances? Yes No

If yes, please explain: _____

Employer's Name: _____ Date: _____

Please provide 4 professional references

Name Address Phone

Name Address Phone

Name Address Phone

Name Address Phone

APPLICANT'S STATEMENT

I understand that the Town of Oakland is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Town of Oakland or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the Town of Oakland. I also authorize the Town of Oakland to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Town of Oakland reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Town of Oakland or its designee. I release the Town of Oakland and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Town of Oakland documents are not promises of employment. I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Town of Oakland has a similar right. I understand that no manager, representative, or agent of the Town of Oakland has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the Oakland Board of Commissioners may do so in writing. If I am hired under a contract, the contract will control the terms of my employment.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Town of Oakland's sole judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT THE TOWN OF OAKLAND MAY OBTAIN A CONSUMER REPORT ON ME FOR USE IN CONNECTION WITH MY APPLICATION AND, IF I AM HIRED, MY EMPLOYMENT WITH THE TOWN OF OAKLAND. I AUTHORIZE THE TOWN OF OAKLAND TO OBTAIN THIS REPORT.

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" ONLY DURING THE POSTING PERIOD
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

Date

Applicant's Signature

Affidavit

State of Florida

County of _____

Before me personally appeared _____ who says that they never have served in the armed forces of the United States of America

Sworn to and subscribed in my presence this _____ day of _____ 200

Notary

My commission expires _____ Type of ID Produced _____ Or personally known to me _____

The Town of Oakland is an Equal Opportunity Employer

EEO SURVEY

The Town of Oakland is required by the U.S. Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes only. This information will be maintained separately from your application and will not be considered in the application evaluation process. This information is voluntary and not required for employment.

Name (Please Print) _____

Date _____

Social Security Number _____

Birth date _____ (mm/dd/yyyy)

Military Status:

- Active Reserve
- Inactive Reserve
- Vietnam Era Veteran
- Other Veteran
- Retired Military
- No Military Service

Gender:

Male Female

Ethnic Group:

- American Indian or Alaskan Native** (the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition).
- Asian or Pacific Islanders** (the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands).
- Hispanic** (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).
- Black** (not of Hispanic origin).
- White** (not of Hispanic origin).

TOWN OF OAKLAND

APPLICATION FOR VETERANS PREFERENCE UNDER FLORIDA STATUTE 295

IT IS THE POLICY OF THE TOWN OF OAKLAND TO GIVE VETERANS PREFERENCE. APPROPRIATE DOCUMENTATION (i.e.: DD-214 OR VETERANS. ADMINISTRATION LETTER) MUST BE PROVIDED AT THE TIME OF APPLICATION.

I am not claiming Veteran's Preference _____

I am claiming Veteran's Preference _____ complete below

Check the category that applies to you:

An honorably discharged disabled veteran who has a service-connected compensable disability;

The spouse of an honorably discharged veteran who has a total and permanent, service-connected disability which disqualifies the veteran for employment;

The spouse of any person who is missing in action, captured, forcibly detained or interned in the line of duty;

A veteran 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 (as defined by Florida law); or

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

BRANCH OF SERVICE DATE OF ENTRY DATE OF DISCHARGE

Please answer the following questions:

1. Are you currently or have you ever been employed by any State or any agency or a political subdivision of the State (i.e., State, County, or City, etc.)? YES _____ NO _____

a. If .YES, give name of employer and dates employed: _____

b. If .YES, on what basis were you employed (i.e. temporary/permanent, full-time/part-time, reserves)?

c. If .YES, did you receive benefits (i.e. vacation leave, sick leave, pension)? YES _____ NO _____

2. Did you or your spouse serve on active duty (i.e. not in training or reserves)? YES _____ NO _____

NOTE: If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the City. If no notice is given by the City and the position has been filled, a complaint must be filed within three (3) months of the date the application was received by the City. If the position has not been filled, the complaint deadline is extended until one month after the position is filled.

PRINT NAME

SIGNATURE

DATE

MILITARY SERVICE AFFIDAVIT

Complete the accurate statement:

I _____ have never served in the Armed Forces of the United State of America

I _____ have served in the Armed Forces of the United State of America

Signature: _____

Printed Name _____

Social Security Number _____

Affidavit

State of Florida

County of _____

Before me personally appeared _____ who says that they never have served in the armed forces of the United States of America

Sworn to an subscribed in my presence this _____ day of _____ 200

Notary

My commission expires _____ Type of ID Produced _____ Or personally known to me _____



220 N. Tubb Street, PO Box 98, Oakland, FL 34760

Phone: 407-656-1117 Fax: 407-656-2940

Website: www.oaktownusa.com

TO: Applicant
RE: Reference Forms

In the space provided on each of the reference forms, please insert the name and address of one of the persons listed as a reference on your application. You should then send each form to that individual to be completed and returned to this office.

References must be from your most recent immediate supervisors. References not accepted from family or friends.

It is your responsibility as an applicant for employment to assure that these reference forms are sent to the references and returned immediately. Perhaps to speed up the return of your reference, you could enclose a stamped envelope addressed to:

Town Manager – Personnel Services - Town of Oakland - PO Box 98 -Oakland, FL 34760

REMEMBER: YOU ARE RESPONSIBLE FOR THE COMPLETION OF YOUR APPLICATION AND THE FOUR COMPLETED REFERENCE FORMS ARE A REQUIRED PART OF YOUR APPLICATION.

FOR INSTRUCTIONAL APPLICANTS:

If you are an experienced teacher, all references must be from your most recent and immediate supervisors (principals, assistant principals, superintendents, etc.)

If you have never taught, your references must be as follows: one from your directing teacher of internship, one from your college supervisor of interns and one from a university or college professor, dean or advisor. If for any reason you are unable to follow the above instructions for your references please substitute as best you can.

REFERENCES NOT ACCEPTED FROM FELLOW STUDENTS, FELLOW TEACHERS, FRIENDS OR FAMILY

REFERENCE CHECK

Company Address

City /State Zip

ATTENTION TITLE PHONE FAX

I have made application for employment with the above listed employer. I hereby request and authorize you to furnish the Town of Oakland with any information concerning my employment record, character, habits and ability. I do hereby release the addressed entity and all individuals concerned from any claims, suits and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and giving such information.

Was the applicant employed by your company Yes No

Name While in your Employ Social Security Number

Dates of Employment

Start Position Dept

Salary per \$ Immediate Supervisor

End Position Dept

Salary per \$ Immediate Supervisor

What were the applicant's responsibilities?

Three horizontal lines for writing responsibilities.

What are the applicant's strong points?

Horizontal line for writing strong points.

What are the applicant's weak points? _____

Would you rehire the applicant? Yes _____ No _____

What was the applicant's reason for leaving? _____

Is there any reason why this person should not be employed in a school position? Yes _____ No _____

Additional Comments _____

Please rate the applicant's performance in the following areas

	Above Average	Average	Below Average	Unknown	Comments
Attendance					
Punctuality					
Communication					
Accuracy & Punctuality of Reports					
Attitude/Cooperation					
Reliability					
Enthusiasm					
Knowledge of Job/Ability to Learn					
Ability to Work With Others					
Quality of Work/Work Habits					
Initiative/Creativity					
Productivity					
Leadership					
Judgment/Common Sense					
TEACHER QUALITIES					
Classroom Organization/ Control					
Effective Use of Methods & Techniques/Testing					
Planning & Preparation					
Competency In Academic Field					
Interest & Enthusiasm Created for Pupils					
Ability to Work With Children					
Planning & Preparation					
Competency In Academic Field					

Signature _____ Print Name _____ Title _____

Contact# _____ DATE _____