



**Town Hall & Community Center**

Phone: 850-768-4632

Email: NomaTownHall@outlook.com

Address: 3467 Skipper Avenue

Bonifay, FL 32425

# Employment Application

Position(s) Applied For		Application Date	
Job Type Sought <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp		Date Available to Start	Salary Expectation
How did you hear about the job? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Online Notice <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____			

**Applicant Information**

First Name	Middle	Last	Social Security Number	
Address			City	State   Zip
Phone	Phone Alt.		Email	
Driver's License #			State	Expires

Are you a U.S. citizen or are you legally eligible to work in the U.S.? Proof of citizenship or work authorization will be required upon employment.  Yes    No

Have you ever been convicted of a felony crime, plead guilty or no contest to a felony criminal charge, or entered into an agreement setting forth the terms leading to the reduction or dismissal of charges? A "Yes" answer will not automatically deny employment. The nature, job-relatedness, severity and date of the offense in relation to the position applied for will be considered.  Yes    No

If yes, explain.	
Location	Date

Do you have any relatives on the town council or currently employed by the Town of Noma?  Yes    No

If yes, name.	Relationship
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Are you a current or former law enforcement officer or other employee or the spouse or child of one, who is exempt from public records disclosure under Florida Statute 119.07?  Yes    No

Have you ever served in the military?  Yes    No

If yes, what branch.	Dates of Service	Type of Discharge
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Education	Location	Dates Attended From / To	Diploma, GED, Degree or Major	Graduated or Completed
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any other knowledge, skills, or abilities you believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.


### Previous Employment

Describe your previous work experience beginning with your current or most recent job. Please include self-employment, military service, job-related volunteer work, and any gaps in employment history. Resumes may be attached to the application to provide additional details.

Name	Address		Phone
Job Title	Employed From	To	Supervisor
Duties			
Reason For Leaving			Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Address		Phone
Job Title	Employed From	To	Supervisor
Duties			
Reason For Leaving			Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No



Name	Address		Phone
Job Title	Employed From	To	Supervisor
Duties			
Reason For Leaving			Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Address		Phone
Job Title	Employed From	To	Supervisor
Duties			
Reason For Leaving			Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**References**

Name	Relationship	Years Known
Address	City State Zip	
Phone	Email	

Name	Relationship	Years Known
Address	City State Zip	
Phone	Email	

Name	Relationship	Years Known
Address	City State Zip	
Phone	Email	



**Notice to Applicants**

The Town of Noma is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, marital status, or any other status or characteristic protected by federal, state, or local law. Your opportunity for employment with the Town of Noma depends solely upon your qualifications.

The Town provides reasonable accommodations to the known limitations of otherwise qualified individuals with disabilities unless doing so would result in undue hardship. The Town will provide reasonable accommodations in the employment process for any disabled applicant. Please inform us of any special accommodations needed prior to testing or interviews.

The Town of Noma gives preference in appointment to eligible veterans and eligible family members of veterans in accordance with the rules of the Florida Department of Veterans' Affairs, Division of Veterans' Benefits and Assistance, Rule 55A-7.016 of the Florida Administrative Code, and Veterans' Preference in Appointment and Retention in Employment.

Employment with the Town of Noma is on an at-will basis. This means that either the employee or the Town may terminate the employment relationship at any time, with or without cause or notice, subject to applicable law.

Any offer of employment is conditional and may require the successful completion of a pre-employment drug test and/or background screening in accordance with the Town's policies and applicable law.

Applications submitted for employment with the Town of Noma are public records except as exempted by Florida Statute.

**Certification**

I am aware that any omissions, falsifications, misstatements or misrepresentations on this application 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 I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Town of Noma for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment with the Town of Noma are public records except as exempted by Florida Statute. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete and made in good faith.

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Applicant Signature

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Date