

Application for Employment
TOWN OF MALABAR
 2725 Malabar Road, Malabar, Florida 32950

APPLICANT INFORMATION		
Today's Date: PLEASE PRINT CLEARLY		
Last Name:	First:	Middle:
Address:		
Daytime Phone	ext.	Evening Phone: Email:
If you have used another name or names in the last five years, please provide list.		
EMPLOYMENT DESIRED		
Position you are applying for:		
Summarize special skills and qualifications:		
GENERAL		
Date you can start:	Hours available:	
Salary desired:	Referred by:	
[] Full Time [] Part Time [] Temporary		
Contact in case of an emergency:	Relation:	Phone:
Have you ever applied to the Town of Malabar before? [] No [] Yes, explain:		
Has any license, permit or privilege ever been suspended, denied or revoked? [] No [] Yes, explain:		
Conviction of a crime will not necessarily be a bar to employment. See page 2.		
If you are under 18, provide evidence you are legally able to work.		
JOB HISTORY INFORMATION		
<small>List employers beginning with most recent for past 10 years</small>		
Employer:	Supervisor:	
Address:	Phone:	
Date Began:	Date Ended:	
Reason for Leaving:		
Job Duties:		
Employer:	Supervisor:	
Address:	Phone: (required)	
Date Began:	Date Ended:	
Reason for Leaving:		
Job Duties:		
Employer:	Supervisor:	
Address:	Phone: (required)	
Date Began:	Date Ended:	
Reason for Leaving:		
Job Duties:		
Are you employed now? [] No [] Yes		
May we contact your current employer? [] No [] Yes		
May we contact you at work? [] No [] Yes		

REFERENCES

Complete in Full

Name:	Association:	How long?
Address:	Phone:	
Name:	Association:	How long?
Address:	Phone:	
Name:	Association:	How long?
Address:	Phone:	

EDUCATION

	Name and Address of School	Course(s) of Study	Years Completed/Date	Type of Diploma/Degree
High School(s)				
College(s)				
College(s)				
Other/Trade Schools (specify)				

I understand and give my permission for the Town of Malabar to conduct a reference check and a background investigation and information from past employers and educational institutions prior to employment, and that any misstatements or omissions in this application may result in a decision not to hire me or to discharge me if discovered after I am hired.

Signature_____
Print Name_____
Date**TO BE FILLED OUT BY OFFICE PERSONNEL UPON EMPLOYMENT**

Date of Hire:		
Driver License Number:	Type:	Expiration Date:
Social Security Number:		

Please attach resume to application for more detail.

** Equal Opportunity Employer **

This application shall be considered active for 30 days.