

**TOWN OF BRONSON  
PUBLIC WORKS  
EMPLOYMENT APPLICATION**

650 Oak St., Bronson, FL 32621  
Mailing Address: P.O. Box 266  
Telephone: 352.486.2354  
Fax: 352.486.6262

Instructions: Please print or type. Complete all items to the best of your ability. If a question is not applicable, enter "N/A". **Return application to Bronson Town Hall, 650 Oak St, or email "Attn: Public Works Tech" to email address: Deputyclerk@townofbronson.org.**

Position Applying for: \_\_\_\_\_ Department: \_\_\_\_\_

PERSONAL INFORMATION		
Last Name	First Name:	Middle:
Address:		Home Phone:
City, State, Zip Code		Cell Phone:
County:	Email Address:	Additional Phone Number:

**Relatives Employed By Town of Bronson:** Do you have any relatives by blood or marriage including elected officials, working for the Town of Bronson or for the Bronson Town Council? Yes  No  If yes, complete the following:

FULL NAME OF RELATIVE(S)	DEPT. OR OFFICE LOCATION	RELATIONSHIP

HAVE YOU EVER BEEN EMPLOYEED BY THE TOWN OF BRONSON?  Yes  No If yes, from \_\_\_\_\_ to \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

**LAW VIOLATION RECORD:** Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense in any civilian or military court?  Yes  No If yes, provide details. Note: A "yes" answer to this question will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying will be considered.

OFFENSE	DATE	PLACE	DISPOSITION

**DRIVERS LICENSE INFORMATION**

**Do you have a Valid Florida Driver's License?**  Yes  No  
**Non-Commercial:**  Class E **Commercial:**  Class A  Class B  Class C  
**CDL Endorsement(s):**  Tanker  Passenger  HazMat **Permit:**  Class A  Class B

**EDUCATION - TRAINING - SKILLS**

Highest Education Level Attained?  Less than HS  Tech School  2 Year College  Some Grad School  MD,DDS,JD  Post  
 HS Graduate  Doctorate  Some College  Bachelors  Master's  GED

Type of School	Name of School and State	Credit Hours Completed	Graduated		Type of Diploma or Degree	Major Field or Study
			Yes	No		
H S or Issuing Equivalent						
Undergraduate College or Universities						
Graduate School						
Technical Vocational or Bus School						

**SPECIAL TRAINING AND SKILLS**

Office-Related Equipment	Construction Vehicles & Other Equipment	Crafts, Trades & Technical Professions
<input type="checkbox"/> 2 Way Radio <input type="checkbox"/> Calculator <input type="checkbox"/> Computer <input type="checkbox"/> Copy Machine	<input type="checkbox"/> Utility or Bucket Truck <input type="checkbox"/> Farm Tractor <input type="checkbox"/> Forklift <input type="checkbox"/> Frontend Loader <input type="checkbox"/> Backhoe <input type="checkbox"/> Dump Truck <input type="checkbox"/> Hydraulic Dump Trailer <input type="checkbox"/> Landscape Mower <input type="checkbox"/> Medium Duty Truck <input type="checkbox"/> Weed Trimmer <input type="checkbox"/> Generators <input type="checkbox"/> Other: (list below)	<input type="checkbox"/> A/C & Heating <input type="checkbox"/> Carpentry <input type="checkbox"/> Construction Labor <input type="checkbox"/> Construction Trades <input type="checkbox"/> Diesel Eng O/Haul <input type="checkbox"/> Electric.Motor Repair <input type="checkbox"/> Heavy Equip Hydraulics <input type="checkbox"/> Electrical <input type="checkbox"/> Paint & Body Repair <input type="checkbox"/> Painting <input type="checkbox"/> Pump Repair <input type="checkbox"/> Sewage/Water Oper <input type="checkbox"/> Small Eng Repair <input type="checkbox"/> Wastewater Collections Operation <input type="checkbox"/> Water, Well Operations <input type="checkbox"/> Welding

List any past accomplishments, honors, or assignments which may be relevant for the job for which you are applying:

Special training, knowledge, skills or abilities related to the position in which you are applying:

**LICENSES-CERTIFICATIONS-REGISTRATIONS**

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

Name of License/Certification/Registration	Number	Issue Date	Expiration Date	State
Issued By:				
Name of License/Certification/Registration	Number	Issue Date	Expiration Date	State
Issued By:				

## EMPLOYMENT HISTORY

Experience: Beginning with you most recent job, describe your employment history, including related volunteer or other non-paid experience. This information will be used to evaluate your qualifications for this job opening and will determine your eligibility to go on to the next step of the evaluation process. Describe additional experience in an attached sheet or provide a resume.

Dates Employed	Employer	Address	
From /    /	Phone (Area Code)	City	State
To /    /	Supervisors Name	Supervisors Title	
Final Salary \$	Your Title		
Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
	If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates Employed	Employer	Address	
From /    /	Phone (Area Code)	City	State
To /    /	Supervisors Name	Supervisors Title	
Final Salary \$	Your Title		
Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
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Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
Dates Employed	Employer	Address	
From /    /	Phone (Area Code)	City	State
To /    /	Supervisors Name	Supervisors Title	
Final Salary \$	Your Title		
Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned	Reason For Leaving		

Terminated

**VETERAN'S PREFERENCE**

Do you wish Veteran's Preference?  Yes  No

If Yes, Branch \_\_\_\_\_ Entry Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Note: PLEASE SUBMIT COPY OF YOUR DD-214 WITH APPLICATION.**

REFERENCES: List 3 references who are NOT relatives:				
NAME	COMPLETE ADDRESS	PHONE	OCCUPATION	YRS KNOWN

**PRE –EMPLOYMENT BACKGROUND CHECKS**

Satisfactory completion of a pre-employment background check is a condition of employment with the Town of Bronson. Applicants selected for hire will be asked to provide specific information and documentation, which will be utilized to conduct a thorough background investigation.

I certify that the information contained in this application is correct and complete to the best of my knowledge, and I understand that falsification of this application in any detail is grounds for disqualification from further consideration or the dismissal from employment. I hereby authorize investigation of all statements I have made herein. I authorize that the companies or persons named herein to give any information regarding my past employment, together with any information they may have regarding me, whether or not it is on their record. I hereby release said companies or persons, and the Town of Bronson from all liability for any damages whatsoever for issuing or obtaining this information. I understand that applications submitted for employment are public records. In the event I am employed by the Town of Bronson, Levy County, FL., I agree to comply with all its policies, rules, and regulations.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE TOWN OF BRONSON IS AN EQUAL OPPORTUNITY EMPLOYER**