



Bay Laurel Center Community Development District
9850 SW 84th Court, Suite 400
Ocala, FL 34481
Phone: (352) 414-5454
Fax: (352) 414-5461

IMPORTANT APPLICANT INFORMATION

Thank you for your interest and applying for employment with Bay Laurel Center Community Development District.

Please read thoroughly prior to completing this application.

Our application form gives you every opportunity to describe your qualifications. Your cooperation in completing all areas of the application is necessary to help us make the best hiring decision possible. To ensure that we are able to fully evaluate your application for the position (s) that you have expressed an interest in, please be sure to note the following:

- Your application must be legible: please type or print in blue or black ink only.
- Be sure to indicate the specific position you are applying for.
- Additional work history forms are available upon request.
- Make sure that your work history is well detailed and that you properly account and explain any “gaps” in employment.
- Do not complete the work history section by indicating “see resume”. Submitting a resume is not a substitute for completing the application. If desired, you may submit your resume with your completed District application.
- Incomplete applications may not be considered.
- A separate application is required for each position for which you are applying.
- Information in this application will be verified.
- All applications will remain “active” for 90 days from the original date submitted. Unfortunately, due to the volume of applications received, we are unable to guarantee that we can contact or interview everyone that submits an application.
- Applicants are conditionally hired based on the successful completion of a drug screen test; a background investigation; a motor vehicle report; reference check; and a physical agility demonstration (for positions requiring certain physical requirements.) Job offers may be withdrawn to the applicant’s failure to successfully complete any of the above post offer requirements. An applicant who is otherwise qualified to perform the job applied for will not be discriminated against on the basis of a disability.

The Immigrant Reform and Control Act of 1986 require that all individuals applying for work in the State of Florida provide proof of work authorization. Applicants selected to fill a vacant position are required to provide acceptable forms of identification from the “List of Acceptable Documents” listed on page two. Do **NOT** forward copies of any documents with your application.

Drug-Free Workplace Policy: Bay Laurel Center CDD is a Drug-Free Workplace in accordance with Fla. Stat. 440.101 and 440.102. Applicants and employees may be required to submit to drug testing at any time for: (1) pre-employment; (2) routine fitness for duty; (3) follow up on routine fitness for duty and (4) reasonable suspicion.

Bay Laurel Center CDD is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to: race, color, national origin, sex, age, disability, marital status, religious creed, sexual orientation..

If you have any questions regarding this or any other position within the District, please contact our Human Resources department at (352) 414-5454.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



INSTRUCTIONS: ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. Print "N/A" in any space that does not apply to you. INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN AND WILL NOT BE CONSIDERED.

DRUG-FREE WORKPLACE POLICY: Bay Laurel Center CDD is a Drug-Free Workplace in accordance with Florida Statutes §§ 440.101 and 440.102. Applicants and employees may be required to submit to drug testing at any time for: (1) pre-employment; (2) reasonable suspicion; (3) routine fitness for duty and (5) follow up on routine fitness for duty.

<p>Bay Laurel Center Community Development District ("the District") is considered an Equal Opportunity Employer.</p> <p>Qualified applicants are considered for employment and treated without regard to: race, color, national origin, sex, age, disability, marital status, religious creed or sexual orientation.</p>	<p>Bay Laurel Center Community Development District 9850 SW 84th Court, Suite 400 Ocala, FL 34481 Phone: (352) 414-5454 Fax: (352) 414-5461</p> <p>EMPLOYMENT APPLICATION</p> <p>Applications MUST be typewritten or PRINTED in BLUE OR BLACK INK</p>	<p><u>DO NOT WRITE IN THIS SPACE:</u> (For HR Purposes ONLY)</p> <p>RECEIVED: ____/____/20____</p> <p><input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL <input type="checkbox"/> MEETS MIN. QUALIFICATIONS <input type="checkbox"/> DOES NOT MEET MINIMUM QUALIFICATIONS <input type="checkbox"/> OTHER</p>
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I. APPLYING FOR THE POSITION OF: _____ Date: ____/____/20____

<p>The District complies with the Americans with Disabilities Act of 1990. Please notify Human Resources if special accommodations are needed.</p> <p>All applications and/or resumes must be submitted and postmarked by the advertised closing date, no exceptions. Applications and/or resumes are accepted only for positions that are posted open for recruitment.</p> <p>All job offers are conditioned on successful completion of physical exam and/or drug screening test to determine the individual's fitness to perform the essential functions of the job.</p> <p>If hired, original documentation must be presented verifying authorization to legally work in the United States.</p> <p>Applications will remain active for 90 days from the date originally submitted.</p> <p>If you need additional space, please include on a separate sheet and return it with the completed application. Additional work history forms are available upon request.</p>	<p>II. PERSONAL INFORMATION</p> <p>Full Legal Name: _____ (Last) (First) (Middle)</p> <p>Email Address: _____</p> <p>Current Address: _____ (Physical) (Street Number) (Street Name) (Apt. No.) _____ (City) (State) (Zip)</p> <p>How long at current address? ____/YRS ____MTHS</p> <p>Mailing Address: _____ (if different from above) (Street Number) (Street Name) (Apt. No.) _____ (City) (State) (Zip)</p> <p>Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ (Area Code) (Number) (Area Code) (Number)</p> <p>Business Phone: (____) _____ - _____ May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No (Area Code) (Number)</p> <p>Previous Address: _____ (Physical) (Street Number) (Street Name) (Apt. No.) _____ (City) (State) (Zip)</p> <p>How long at current address? ____/YRS ____MTHS</p>
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Are you legally eligible for employment in the USA? Yes No

If you are NOT a natural citizen of the United States, do you have the legal right to remain and work in the United States?
 Yes No

Are you 18 years of age or older? Yes No

How did you learn about the vacancy for which you are applying? (Check the appropriate box)

- Vacancy Announcement Posting Newspaper
 Radio/TV Journal (Publication)
 Other

Have you ever applied with BLCCDD? Yes No

If yes, when? _____

For which job did you apply? _____

Have you ever been previously employed by BLCCDD? Yes No

If yes, when? _____

In which job(s) where you employed? _____

If previously employed, what was your reason for leaving?

Are any members of your family, relatives or domestic partner (by blood or marriage) employed by the District? Yes No

If yes: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

III. APPLICANT INTEREST

Are you available for full time employment? Yes No

Please indicate hours, shifts and/or days in which you will NOT be able to work?

Sunday	From: _____	To: _____	Thursday	From: _____	To: _____
Monday	From: _____	To: _____	Friday	From: _____	To: _____
Tuesday	From: _____	To: _____	Saturday	From: _____	To: _____
Wednesday	From: _____	To: _____			

If it is a job requirement, will you be able to work?

Weekends	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Nights	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Holidays	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Various Shifts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

IV. SALARY REQUIREMENTS

What is your acceptable salary range?

Hourly \$ _____ to \$ _____

Annually \$ _____ to \$ _____

What date would you be available to start?

_____/_____/20____

V. DRIVER'S LICENSE

Do you have a source of transportation to work? Yes No

If no, please explain how you will get to work? _____

Do you possess a current, VALID* Florida Driver's License? Yes No

(*VALID: Issued license has not expired nor has been revoked or suspended within the past three (3) years. Suspensions for non-moving violations will be considered on a case-by-case basis. NOTE: If you are hired by the District and the position for which you are hired requires the operation of District vehicles or equipment; or if you drive any District vehicles or equipment, you must have and maintain a VALID Florida Driver License that meets the District's requirements of a good driving record. Your driving record will be checked with Florida Department of Motor Vehicles upon being hired and periodically throughout your employment.)

VI. EDUCATION AND TRAINING

Do you have a High School diploma or GED equivalent? Yes No

Circle the Highest Grade Completed:

Elementary/ High School	College/University	Graduate
1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4

Last elementary or high school attended: _____
School Name City State

Colleges, Universities, Junior, Community Colleges, Business, Technical or Vocational schools attended or attending	Major/Minor	Graduated		Dates Attend(ed/ing)	
		To	From	To	From
Name _____ City, State _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Do you have any Professional Licenses that will assist in the position you are applying? Yes No

If yes, please list what licenses you have:

License	Expires	State

VII. SPECIAL SKILLS

Please explain below what knowledge, skills, and abilities you have to qualify for this position. If applying for an administrative, management, or technical position, outline all programs you have designed, utilized or implemented. Note any details which should be considered in reviewing your qualifications and list number of years, experience and level of proficiency. Use additional paper if necessary.

Computer systems skills (i.e. PC, Mainframe, etc.): _____

Software application skills (i.e. Microsoft Word, Excel, etc.): _____

Machines and/or equipment operated: _____

Professional Memberships (include offices held): _____

State any additional information that may be helpful to us in considering your application:

VIII. WORK HISTORY – You are required to be specific. You MUST complete the work history section of this application.

Make sure that your work history is well detailed and that you properly account and explain any "gaps" in your employment. List your most recent employer first. If currently unemployed, leave present employer section of this application blank. Include voluntary unpaid work experience as well as military service, if any. If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages which will help clarify your work experience. If a resume is attached, be sure that month/day/year for each employment is reflected on the resume and coincides with the Work History section of this application. Do not complete the work history section of this application by indicating "see resume".

Have you ever been discharged or forced to resign? Yes No

If yes, please explain why: _____

Present Employer: _____
(Company/Agency)

From: ____/____/____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: ____/____/____
(Mo.) (Day) (Year)

Your Job Title: _____

Starting Salary: \$ _____ per

Employer's Phone Number: (____) _____ - _____

Ending Salary: \$ _____ per

Number of Hours Worked Per Week: _____

Supervisor's Name: _____

May we contact employer? Yes No

If you answered "No", please explain: _____

List Job Responsibilities in detail: _____

Reason for leaving: _____

Prior Employer: _____
(Company/Agency)

From: ____/____/____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: ____/____/____
(Mo.) (Day) (Year)

Your Job Title: _____

Starting Salary: \$ _____ per

Employer's Phone Number: (____) _____ - _____

Ending Salary: \$ _____ per

Number of Hours Worked Per Week: _____

Supervisor's Name: _____

May we contact employer? Yes No

If you answered "No", please explain: _____

List Job Responsibilities in detail: _____

Reason for leaving: _____

Prior Employer: _____
(Company/Agency)

From: ____/____/____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: ____/____/____
(Mo.) (Day) (Year)

Your Job Title: _____

Starting Salary: \$ _____ per

Employer's Phone Number: (____) _____ - _____

Ending Salary: \$ _____ per

Number of Hours Worked Per Week: _____

Supervisor's Name: _____

May we contact employer? Yes No

If you answered "No", please explain: _____

List Job Responsibilities in detail: _____

Reason for leaving: _____

Prior Employer: _____
(Company/Agency)

From: ____/____/____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: ____/____/____
(Mo.) (Day) (Year)

Your Job Title: _____

Starting Salary: \$ _____ per

Employer's Phone Number: (____) _____ - _____

Ending Salary: \$ _____ per

Number of Hours Worked Per Week: _____

Supervisor's Name: _____

May we contact employer? Yes No

If you answered "No", please explain: _____

List Job Responsibilities in detail: _____

Reason for leaving: _____

Additional work history forms are available upon request.

IX. MISCELLANEOUS

Are you able to perform the essential functions of the job for which you are applying with or without accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you meet the attendance requirements of this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been convicted of, or plead guilty, adjudication withheld, <i>nolle prosequi</i> or <i>nolo contendere</i> to a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently awaiting trial, sentencing or other disposition of a criminal charge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition):

***Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness**

X. REFERENCES

Do not list relatives or previous employers

Name	Address	Phone #	Occupation	Years Known
1.				
2.				
3.				
4.				

PLEASE READ CAREFULLY

**JOB APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION
TO RELEASE EMPLOYMENT REFERENCE INFORMATION**

I understand that Bay Laurel Center Community Development District (“BLCCDD”) will attempt to verify statements made on my application and made during my employment interview. When contacted by BLCCDD, I give permission for my former employers to answer any and all questions based upon information available to them in my prior employment consideration of BLCCDD’s review of this application; I release BLCCDD and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so that BLCCDD can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

I understand that BLCCDD requires certain information about me to evaluate my qualifications for employment and to conduct business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other employment form, whether pre- or post-employment, may be considered sufficient cause for dismissal, if and when discovered. For these purposes, all materials that I submit to BLCCDD, including but not limited to dismissal, if and when discovered. For these purposes, all materials that I submit to BLCCDD, including but not limited to resumes and references, are considered employment forms. The use of this application does not indicate there are positions open and does not in any way obligate BLCCDD.

I authorize personal references as well as developed references, other persons, companies, corporations, schools, and law enforcement agencies to furnish to BLCCDD and/or its agents or representatives any information they have concerning me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. I understand that prior to obtaining any information from a credit reporting service; BLCCDD must first obtain my written consent in a disclosure separate from this application. I understand that BLCCDD shall treat all this information in a confidential manner.

I understand that if I am employed by BLCCDD: I must conform to the rules of BLCCDD; I may terminate my employment at any time with or without notice, with or without cause, and BLCCDD has a similar right; my employment by BLCCDD does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent; and, I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by BLCCDD. I understand that no one other than the District Manager of BLCCDD has the authority to make any other agreements.

I understand that I may be required to submit to drug testing or medical evaluations now or, if I am hired, at any time in the future and I agree to such testing and/or evaluations. Moreover, I understand that my failure or refusal to undergo such testing or evaluations will result in the withdrawal of my employment application or my immediate separation, if I am hired.

The Immigration Reform and Control Act of 1986 require that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon BLCCDD’s ability to verify this necessary information.

I understand that if I am hired, confidential information regarding BLCCDD, and/or its customers and employees may be available to me and that this information must not be disseminated or used except for BLCCDD’s benefit. If employed, I agree to keep all information about BLCCDD, including, information regarding its business methods, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without BLCCDD.

Complete Signature of Applicant

Date

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you.

Application will not be considered active after 90 days from the date of application unless renewed, in writing, by the applicant at this location.

INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN AND WILL NOT BE CONSIDERED.

PLEASE READ CAREFULLY

EMPLOYER'S DISCLOSURE OF INTENT TO PROCURE CONSUMER REPORT ON JOB APPLICANT & JOB APPLICANT'S AUTHORIZATION TO OBTAIN CONSUMER REPORT

The Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq. ("the Act"), requires that employers inform job applicants in a clear, conspicuous, separate disclosure of the prospective employer's intent to obtain a consumer report on the applicant. The Act further requires that the job applicant give his or her written authorization so that Bay Laurel Center Community Development District ("BLCCDD") can obtain a consumer report.

Therefore, in keeping with the notice and authorization requirements of the Act, I,

(Applicant Name)

have been informed through this disclosure statement that BLCCDD intends to obtain a consumer report concerning me now and, if hired, may obtain a consumer report at any time during the course of my employment, and I give my consent to obtain these reports.

When contacted by BLCCDD, I authorize consumer reporting agencies to furnish to BLCCDD and/or its agents or representatives any information they have concerning me. I understand that BLCCDD shall treat this information in a confidential manner. I further understand that BLCCDD will rely on the information contained in my report to determine my suitability for employment and that BLCCDD is not liable for failing to employ me based upon reliance on information contained in the report.

Before BLCCDD may take any adverse action based in whole or in part on the consumer report obtained concerning me, BLCCDD shall provide me a copy of the report and a description in writing of the rights of the consumer as prescribed by the Federal Trade Commission under section 609©(3).

Print Name

Signature

Date