



APPLICANT INFORMATION

Please read thoroughly prior to completing this application.

Please detach and retain this cover sheet after completion of the application.

Thank you for considering employment with the Village Center Community Development District! We appreciate the opportunity you have given us to review your professional experience.

To ensure that we are able to fully evaluate your application for the position that you have expressed an interest in, please note the following:

- Please indicate the specific position you are applying for, and ensure that your work history is well detailed. Please explain any “gaps” in employment.
- Please completely fill out all areas as requested within the application. Please do not complete the work history section by indicating “see resume”. Submitting a resume is not a substitute for completing the application. However you may submit your resume with your completed District application.
- All applications submitted for employment
 - Will remain on file for six (6) months 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.
 - Therefore, within that six month period, each applicant is responsible for contacting Human Resources to request their application be reconsidered for other additional positions that may become available within that timeframe.
 - Are reviewed by Human Resources and then forwarded to the hiring department for their consideration.
- In most cases, applicants are contacted by Human Resources within (2) weeks of the posted position closing date.

Career opportunities for the District are posted on our website: www.DistrictGov.Org
under Departments>Human Resources>Job Opportunities



<p>It is the policy of the Village Center Community Development District (the District) to provide equal opportunity for employment to all qualified persons.</p> <p>If you need additional space, put the information in Item #48 on Page 6 or on a separate sheet and return it with the completed application. (Be sure to reference the appropriate Item Number.)</p>	<p>VILLAGE COMMUNITY DEVELOPMENT DISTRICTS</p> <p>3231 Wedgewood Lane The Villages, FL 32162 (352) 751-3930 FAX (352) 751-3909</p> <p>EMPLOYMENT APPLICATION (An Equal Opportunity Employer)</p> <p>Applications MUST be typewritten or PRINTED in BLUE OR BLACK INK</p>	<p>A. DO NOT WRITE IN THIS SPACE</p> <p><input type="checkbox"/> EMPLOYEE</p> <p><input type="checkbox"/> INTERNAL</p> <p><input type="checkbox"/> VETERANS PREFERENCE</p> <p><input type="checkbox"/> EXTERNAL</p> <p><input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> MEETS MIN. QUALIFICATIONS <input type="checkbox"/> DOES NOT MEET MINIMUM QUALIFICATIONS</p>
<p>B. DATE OF THIS APPLICATION _____ / _____ / _____ (Mo) (Day) (Yr)</p>		

<p>Applications will remain active for six (6) months from the date originally submitted.</p> <p>The District complies with the Americans with Disabilities Act of 1990. Please notify Personnel 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>I. INDIVIDUAL DATA</p> <p>1. Name _____ (Last) (First) (Middle)</p> <p>2. Current Address _____ (Physical address) (Street No.) (Street Name) (Apt. No.)</p> <p>_____ (City) (County) (State) (Zip)</p> <p>3. How long at current address? _____ / Years _____ / Months</p> <p>4. Mailing Address _____ (If different from above) (Street No.) (Street Name) (Apt. No.) (P. O. Box No.)</p> <p>5. Home Phone (____) _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted <input type="checkbox"/> Own <input type="checkbox"/> Other (Specify) (Area Code) (Number)</p> <p>6. Business Phone (____) _____ 7. May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No (Area Code) (Number)</p> <p>8. Previous Address _____ (Street No.) (Street Name) (Apt. No.)</p> <p>_____ (City) (County) (State) (Zip)</p> <p>9. How long at previous address? _____ / Years _____ / Months</p>
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10. DO YOU WISH TO CLAIM VETERAN'S PREFERENCE IN EMPLOYMENT? Yes* No

*If yes, in order to be considered for Veteran's Preference, you must complete and submit the "Application for Veteran's Employment Preference," with this application. The "Application for Veteran's Preference" is available upon request.

NOTE: YOU MUST SUBMIT A DD FORM 214, or other official document(s) from the Division of Veteran's Affairs which substantiates your eligibility for Veteran's Preference, WITH YOUR APPLICATION TO BE CONSIDERED FOR VETERAN'S PREFERENCE.

11. ATTENTION - THIS STATEMENT MUST BE READ
READ SECTION 12, CERTIFICATION/AUTHORIZATION BELOW CAREFULLY BEFORE SIGNING CERTIFICATION/ AUTHORIZATION.

The District Office staff is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment, including, but not limited to, military service, education and employment history.

A false answer to any question(s) in this application may be grounds for non-selection, or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statement. All information you give will be considered in reviewing your application. Also, your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

12. CERTIFICATION/AUTHORIZATION

I hereby certify that all statements made in this application and attached resume, if applicable, are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the District. I understand that I may be required to submit to a physical and other aptitude testing, as may be required, as a condition of employment with the District. I also certify that I have read Item 11 above.

If accepted for employment, I agree to abide by and comply with all rules, regulations, and policies and procedures of the District. I understand and agree that I am free to terminate my employment at any time with or without cause. I further understand and agree that the employer has the same rights as I do to terminate my employment and compensation at any time with or without cause. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the District.

_____ Date Signed _____ Applicant's Signature (in INK)

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

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

II. APPLICANT INTEREST

14. Type of Employment Sought (check all that apply) 14A. FULL TIME 14B.* PART TIME 14C. TEMPORARY
- *14B. If part time, indicate days & hours available for work: Sunday From:_____ To:_____ Thursday From:_____ To:_____
15. If a job requirement, will be able to work: Monday From:_____ To:_____ Friday From:_____ To:_____
- Saturday Sunday Holidays Tuesday From:_____ To:_____ Saturday From:_____ To:_____
- Nights Various Shifts Wednesday From:_____ To:_____

16. LOWEST ACCEPTABLE SALARY	17. DATE AVAILABLE FOR WORK	18. POSITION(S) INITIALLY APPLIED FOR:

III. EDUCATION AND TRAINING 19. Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

20. Did you Graduate from High School? Yes No 20A. GED Yes No

21. Colleges, Universities, Junior, Community Colleges attended or attending Name City, State	Dates Attend(ed/ing) TO FROM	Credit Hours Earned* Qtr/Sem	Type of Degree Received	Date Degree Received	Indicate Major/Minor
21A.					
21B.					

*To receive credit for college course work it is necessary that you supply Quarter/Semester hours earned in addition to dates attended and you may be required to submit college transcripts or list of courses successfully completed.

22. Business, Technical or Vocational Schools attended or attending (Correspondence Courses)** Name City, State	Dates Attend(ed/ing) TO FROM	Credit Hours Earned* Qtr/Sem	Type of Degree Received	Date Degree Received	Indicate Major/Minor
22A.					
22B.					

** If correspondence course, please identify as such.

23. Specific Skills: In the spaces below, list the equipment with which you have had experience or any special skills you might have.

OFFICE EQUIPMENT	YRS	MOS	COMPUTER SOFTWARE	YRS	MOS	OTHER EQUIPMENT (please describe)	YRS	MOS
Typewriter			1.					
Dictaphone			2.					
PBX			3.					
			4.					

24. Typing speed (if applicable) Not Tested _____ wpm 25. Dictation speed (if applicable) Not Tested _____ wpm

26. List the construction vehicles/equipment you can operate (if applicable to the job for which you are applying). You must also include this information in Section IV. Work History.

27. List active licenses, certificates or registrations & registration No(s)

28. List any organization(s) to which you belong which you consider relevant to your ability to perform the job.

IV. WORK HISTORY - YOU ARE REQUIRED TO BE SPECIFIC. You MUST complete the work history section of this application. 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. If additional space is needed put the information in Item #48 on page 6.

29. Present Employer: _____
 (Company/Agency)
 Employer Address: _____
 (Number) (Street)
 (City) (State) (Zip)

From: _____
 (Mo.) (Day) (Year)
 To: _____
 (Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____
 Number You Supervised _____ Employer's Phone No. (_____) _____

Number of hours worked per week: _____
 Starting Salary: \$ _____ per

May we contact employer? Yes No / explain in Item #48 (page 5)
 Supervisor's Name _____
 Duties in detail _____

Last Salary: \$ _____ per

Reason for leaving: _____

30. Previous Employer: _____
 (Company /Agency)
 Employer Address: _____
 (Number) (Street)
 (City) (State) (Zip)

From: _____
 (Mo.) (Day) (Year)
 To: _____
 (Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____
 Number You Supervised _____ Employer's Phone No. (_____) _____

Number of hours worked per week: _____
 Starting Salary: \$ _____ per

May we contact employer? Yes No / explain in Item #48 (page 5)
 Supervisor's Name _____
 Duties in detail _____

Last Salary: \$ _____ per

Reason for leaving: _____

31. Previous Employer: _____
 (Company /Agency)
 Employer Address: _____
 (Number) (Street)
 (City) (State) (Zip)

From: _____
 (Mo.) (Day) (Year)
 To: _____
 (Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____
 Number You Supervised _____ Employer's Phone No. (_____) _____

Number of hours worked per week: _____
 Starting Salary: \$ _____ per

May we contact employer? Yes No / explain in Item #48 (page 5)
 Supervisor's Name _____
 Duties in detail _____

Last Salary: \$ _____ per

Reason for leaving: _____

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE (Optional)

The Villages Community Development Districts is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply, you are invited to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide such will not subject you to any adverse treatment. The information obtained will be kept confidential.

The Villages and Sumter Landing Community Development District is an equal opportunity employer. If you feel you have been treated unfairly, or discriminated against because of race, religion, color, national origin, sex, age, veteran's status, marital status, disability or genetic information, please contact a Human Resources Representative.

1.) Are you? Male Female

2.) Are you 18 years of age or older Yes No

3.) ETHNIC ORIGIN (Please check one box)

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes china, India, Japan, Korea, the Philippine Islands and Samoa.

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or south American, or other Spanish culture or origin, regardless of race.

White (not of Hispanic origin): All persons having origins in any of original people of Europe, North Africa, or the Middle East.

NOTICE TO APPLICANTS

WE WORK FREE!

We Are Committed to a Drug-Free Workplace.
Screening Tests for Illegal Drug Use
Required as a Condition of Employment




FCCI[®]

NOTICE TO APPLICANTS

This form should be completed at the time of the employment application.

The Village Center Community Development District (The District) has established and maintains a Drug-Free Workplace Program. This Drug-Free Workplace Program is in conformity with Chapter 440.102, Florida Statutes, its implementing regulations, and Federal law.

As part of this Program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the District may be subject to drug testing under those conditions outlined in the District's Drug and Alcohol and Policy Statement.

For persons receiving a conditional offer of employment, failure of a drug test or refusal to submit to drug testing when required by the District shall terminate any job offer. For employees, failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination of employment.

Persons receiving a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) the use of prescription or non-prescription medications both before and after being tested. Additionally, job applicants shall receive a list of common medications which may alter or affect a drug test. Job applicants will also be given the names, addresses, and telephone numbers of local alcohol and drug rehabilitation programs.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five working days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation of challenge is unsatisfactory, the job applicant may contest the drug test results pursuant to rules adopted by the Department of Labor and Employment Security or the Agency for Health Care Administration.

The job applicant also has the responsibility to notify the laboratory or clinic conducting the drug test of any administration or civil action brought involving the drug test conducted by that laboratory or clinic.

The job applicant also has the right to consult the testing laboratory or clinic for technical information regarding prescription and non-prescription medication. In addition, each job applicant will be given a list of the substances to be tested prior to administration of the drug test. All test results will remain confidential except as allowed by law. The District will provide all job applicants with a copy of the District's Drug and Alcohol Abuse Policy Statement prior to administration of a drug test.

Nothing in this notice will affect these rights provided in any collective bargaining agreement between the District and its employees. Refusal to complete or sign this document will result in a withdrawal of any offer of employment.

VILLAGE CENTER COMMUNITY DEVELOPMENT DISTRICT

Applicant Name: _____

Date: _____

Applicant Signature: _____



VETERANS PREFERENCE APPLICATION

In order to be considered for Veteran's Preference, you must complete and submit the "Veteran's Preference Application" along with a copy of your DD214 form, or other official document(s) from the Division of Veteran's Affairs to substantiate your eligibility for Veteran's Preference with the District Employment Application.

Please check the statement that best describes your current Veteran's status:

- I am a Veteran (please complete items 1-9 and sign and date the bottom of this form)
- I am the spouse of a deceased Veteran (please complete item 1-9 and sign and date the bottom of this form)
- I am the spouse of a disable Veteran who is unable to use the preference due to the disability (please complete items 1-9 and sign and date the bottom of this form)

1. Name: _____
2. S.S. #: _____
3. Address: _____
(City) (State) (Zip)
4. Position for which applying: _____
5. If a spouse of a deceased of disable Veteran, list Veteran's name: _____
6. Period of active duty: From: _____ To: _____
(do not include short training periods of active duty with a reserve unit. You must have served with a unit that was on active duty, not one on reserve status).
7. Branch of Service: _____ Service No.: _____
8. Rank at discharge: _____ Type of separation or discharge: _____
(Honorable, General, etc)
9. Service connected disability: Type: _____ Percent: _____

It is necessary for you to provide the District with a copy of your form DD-214. Disabled Veteran's must also supply form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference must supply their marriage certificate, the Veteran's DD-214 and FL-802 or death certificate.

Your Veteran's Preference cannot be considered without supporting documentation.

I swear that the above statements are true and accurate to the best of my knowledge and belief.

(Signature)

(Date)