

# MEMORANDUM



**TO:** Those Interested in Council Appointment  
**DATE:** March 6, 2017  
**SUBJECT:** Town Council Seat Vacancy

=====  
Thank you for your interest in the Town of Lake Clarke Shores Town Council. Attached please find an Application for Employment, and two releases to conduct required background checks.

Please complete the attached documents and return along with a letter of interest and a current resume by **Friday, March 31, 2017 at 4:00 PM**. Forms may be e-mailed to the attention of the Town Clerk, Mary Pinkerman ([mpinkerman@lakeclarke.org](mailto:mpinkerman@lakeclarke.org)) or mailed to:

Mary Pinkerman, Town Clerk  
Town of Lake Clarke Shores  
1701 Barbados Road  
Lake Clarke Shores, FL 33406



### EMPLOYMENT HISTORY

**List below present and past employment, full time and part time, beginning with your most recent.  
If additional space is needed, please attach a separate page.**

<b>1</b>	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

<b>2</b>	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

<b>3</b>	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

<b>4</b>	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

If there is/are a particular employer(s) you do not wish us to contact, please indicate which one(s) and the reason. \_\_\_\_\_

If you are known by any other name(s) at other employers listed under Employment History, please list each of those names. \_\_\_\_\_

Have you ever been convicted, plead no contest, plead guilty, or had the adjudication of guilt withheld for any criminal offense other than a minor traffic violation (i.e. speeding, parking, etc.)?  Yes  No  
If yes, please explain: (An affirmative answer to the above does not constitute disqualification of employment.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the names of any organizations or professional groups of which you may be a member which have any direct bearing on your qualifications for the position you are seeking.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any knowledge, skills, abilities, or qualifications you possess and believe relevant to the position you seek, such as heavy equipment, computer skills, languages, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance?  
 Yes  No If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all answers given by me on this Application for Employment are true to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## CONFIDENTIAL RELEASE OF SOCIAL SECURITY NUMBER AND STATEMENT OF PURPOSE

Pursuant to Section 119.071 (5), Florida Statutes, social security numbers collected by the Town of Lake Clarke Shores are confidential and exempt. The requirement to request the social security number must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record. The requirement for your social security number is mandatory.

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Section 119.071 (5), Florida Statutes, gives authority for the Town of Lake Clarke Shores to collect social security numbers if it is stated in writing the purpose for its collection and is specifically authorized by law to do so or it is imperative for the performance of the Town's duties and responsibilities as prescribed by law. There are many individuals with the same name; therefore, without this identifying social security number, it would be difficult, if not impossible, to be reasonably sure that the correct individual(s) are identified and to verify they meet the requirements of the statutes. The Town of Lake Clarke Shores requires the release of your social security number for one or more of the following purposes or reasons:

- to perform background investigation checks for employment; or
- issuance of business tax receipt(s); or
- to conduct 1099 reporting of income for poll workers, vendors or consultants; or
- to produce patient insurance billing and/or for patient tracking, or
- to provide F.S. required information for Police/Fire/EMS purposes;
- for reporting necessary to administer workers' compensation claims, unemployment compensation claims, and health/dental claims; or
- for reporting income paid pursuant to the Internal Revenue Code; or
- pension administration.

**CONFIDENTIAL**

**TOWN OF LAKE CLARKE SHORES**  
**1701 Barbados Road**  
**Lake Clarke Shores, FL 33406**

**Authorization For Release of Information**

To: Authorized Representative of any Organization, Institution, or Repository of Records

APPLICANT'S FULL NAME: \_\_\_\_\_

I respectfully request and authorize you to furnish any and all information and records that you may have to the TOWN OF LAKE CLARKE SHORES. This information will be used to assist the TOWN OF LAKE CLARKE SHORES in conducting a background investigation to determine my qualifications for the position for which I have applied.

I hereby release you, your organization, the Town of Lake Clarke Shores or others from any liability or damage, which may result from furnishing the information requested above.

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

\_\_\_\_\_  
Address City State Zip

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Name; Typed or Printed