



# PALM BEACH Transportation Planning Agency

EMPLOYMENT APPLICATION  
An Equal Opportunity Employer  
and Drug Free Workplace

Instructions: Please answer all questions by typing or printing in ink. If an item does not apply, write N/A.

Position(s) Applying for: \_\_\_\_\_ & \_\_\_\_\_ Date: \_\_\_\_\_

(Note the same application can be used for multiple positions)

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name and Title of any relatives working at the TPA: \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Will you now or in the future require sponsorship for employment visa status? Yes No

## EDUCATION

Name & Location (City/State) of High School, College/University, and/or Vocation/Business/Trade Schools Attended	Major/Focus Area	Degree/Certificate Received

Languages spoken other than English and proficiency level (novice, intermediate, advanced): \_\_\_\_\_

Valid FL Driver's License No: \_\_\_\_\_ If N/A, are you able to obtain a FL Driver's License? \_\_\_\_\_

AICP Certification No., FL Engineering License, other licenses/certificates: \_\_\_\_\_

## EXPERIENCE (Paid and Volunteer)

Starting with your current or most recent position, list all relevant experience and note how your experience qualifies you for employment. Use additional sheets if necessary. May we contact current employer? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Street Address: \_\_\_\_\_ From (Mo/Yr): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**ADDITIONAL EXPERIENCE (Paid and Volunteer)**

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Street Address: \_\_\_\_\_ From (Mo/Yr): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Street Address: \_\_\_\_\_ From (Mo/Yr): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Street Address: \_\_\_\_\_ From (Mo/Yr): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Street Address: \_\_\_\_\_ From (Mo/Yr): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Use this section to add any job-related information to aid in considering your qualifications.

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## VETERAN'S PREFERENCE

If you are claiming Veteran's preference pursuant to Chapter 295, Florida Statutes, please designate the basis for your preference on a form obtained from the TPA and attach copies of supporting documentation.

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## ADDITIONAL BACKGROUND INFORMATION

Have you ever been convicted or pled no contest to any violation of the law, ordinance, or criminal traffic violation?   ☐ Yes   ☐ No   If yes, please provide the date, offense, location, and disposition below\*.

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\*Note that a "yes" answer will not necessarily bar you from employment but will be considered in your evaluation.

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How did you learn about this job opportunity?

\*Please list the TPA employee's full name.

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## APPLICANT CERTIFICATION (Please read before signing)

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application and that all the foregoing entries made by me are true, complete and correct to the best of my knowledge and belief. If any information I have provided is untrue or if I have omitted material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I hereby authorize the Palm Beach TPA to verify all information contained herein and I release all past employers from any and all liability for the release of information to the Palm Beach TPA pursuant to Section 768.095, Florida Statutes. I understand and acknowledge that such information will be used confidentially for the purpose of employment decisions only. It will not become part of my personnel records if I am employed by the Palm Beach TPA and will not be available for review by me.

I understand that all job offers from the Palm Beach TPA are conditioned on successful completion of an alcohol/drug screen for which I give consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the Palm Beach TPA for this purpose. I further consent to a criminal background check and driving record check if I am considered for employment.

I also understand that in accordance with Florida Statutes, employment with the Palm Beach TPA is "at-will" and as such, may be terminated without cause and without notice by either party at any time.

I understand that the Palm Beach TPA will not tolerate unlawful discrimination or unlawful harassment and that employees have an affirmative duty to report such incidents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## PALM BEACH TPA EMPLOYMENT POLICIES

It is the policy of the TPA to operate in compliance with all applicable federal and state laws and regulations, including but not limited to the following:

- The Americans with Disabilities Act of 1990 (ADA), as amended, including provision of reasonable accommodations for individuals responding to a job solicitation.
  - Title VII of the Civil Rights Act of 1964, as amended, including evaluation of all prospective employees without regard to race, color, religion, sex (including pregnancy), national origin, or any characteristic protected by law.
  - Sections of Florida Statutes mandating a drug free and tobacco smoke free workplace.
  - Section 760.01-.11, Florida Statutes, referred to as the Florida Civil Rights Act.
  - Section 784.048, Florida Statutes, related to harassment in the workplace.
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