

Last Name

First

Position Applied For



Employment Application Form

The City of Florida City is an equal opportunity employer and a drug free workplace. We do not discriminate on the basis of age, race, disability, marital status, national origin, religion, gender or sexual orientation. The City will provide reasonable accommodations in the employment process for any disabled applicant. Please inform us of any special accommodations needed prior to testing and interviews.

CITY OF FLORIDA CITY

DIRECTIONS FOR COMPLETING EMPLOYMENT APPLICATION

Please fill out the application, the EEQ Questionnaire and Military Experience (if applicable) completely - particularly the address and telephone number. Please include, in the appropriate blank, the name and telephone number of someone who will take a message and relay it to you should we try to reach you at a time when you may not be available. The City of Florida City Personnel Department only accepts applications for jobs currently posted. Please see the bulletin board for postings. This policy helps us give personal attention to applicants for current openings.

We will submit your application, if it meets minimum qualifications as posted, to the Department that has the opening. They will review it and call you for an interview based on your information and qualifications. However, the City of Florida City reserves the right to limit the number of qualified candidates to be interviewed, and reserves the right to arrange for pre-employment substance abuse testing and background screening.

Please include all information, including resumes and letters of recommendation, that is relevant to the job for which you are applying. If you have a resume, attach it or use it to assist you in answering the questions on the application. Failure to complete the entire application may be cause for rejecting it. Any misrepresentation, false or incomplete information or omission of facts requested is cause for rejection of the application or dismissal from City of Florida City service. Please add any comments on the back of this application, such as why you feel you are especially qualified for this job, etc. Be sure to account for periods of unemployment. Attach additional sheets if necessary. Please include copies of degrees or transcripts.

You must complete an application for each vacant position which is posted and you are interested in for consideration. Our new openings are generally advertised in the Miami Herald and/or The South Dade News Leader, and are posted on City website as well as the bulletin board located in Building 4.

Thank you for your interest in the City of Florida City.

Personnel Department
City of Florida City
404 West Palm Drive
Florida City, Florida 33034-0570
(305) 245-1861 Fax (305) 242-8133
www.floridacityfl.gov (website)
pdirector@floridacityfl.gov (email)

NOTICE: APPLICATIONS ARE PUBLIC RECORDS UNDER FLORIDA LAW

HAND PRINT ANSWERS TO ALL QUESTIONS IN BLACK INK !

PLEASE REVIEW ENTIRE APPLICATION BEFORE YOU BEGIN

Answer every question; if a question does not apply to you, enter "N/A" (not applicable). If additional information is requested include both the question and response in a separate attachment.

Failure to carefully follow these instructions will eliminate or adversely affect consideration of your application

Note: The Medical Release included in the application will not be utilized unless/ until you are appointed, continuation of employment will be subject to compliance with the City's medical requirements.

INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED

Name (Last)	(Middle)	(First)
Maiden Name	Alias	
Address		
City	State	Zipcode
Telephone (home)	(work)	
(if at present address less than 5 years, list previous address)		
Address		
City	State	Zipcode
Social Security Number - - (attach copy of registration)		
Height	Weight	Eye Color
		Hair Color
Under 18 Years of Age	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach copy of Work Permit)
Ever been fingerprinted	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever taken a drug test	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever been arrested	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Any criminal convictions	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Drink alcohol beverages	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever steal from employer	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Use Non-prescription drugs	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever use a different name	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever taken a polygraph exam	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
U.S Citizen	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach authorization to work in U.S.)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE

13 14 15 16

GRADUATE SCHOOL

17 18 19 20

HIGH SCHOOL(S) AND ALL OTHER SCHOOL(S) ATTENDED

Start with first High School, attach additional sheets if necessary

1 High School GED

Name	
Location	
Attended From	To
Credits <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average
Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Major	Minor

2 High School Vocational / Technical College

Name	
Location	
Attended From	To
Credits <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average
Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Major	Minor

3 High School Vocational / Technical College

Name	
Location	
Attended From	To
Credits <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average
Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Major	Minor

4 High School Vocational / Technical College

Name	
Location	
Attended From	To
Credits <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average
Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Major	Minor

EDUCATION

5 High School GED

Name			
Location			
Attended From		To	
Credits	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average	
Graduate	<input type="checkbox"/> No <input type="checkbox"/> Yes	Degree	
Major		Minor	

6 High School Vocational / Technical College

Name			
Location			
Attended From		To	
Credits	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average	
Graduate	<input type="checkbox"/> No <input type="checkbox"/> Yes	Degree	
Major		Minor	

7 High School Vocational / Technical College

Name			
Location			
Attended From		To	
Credits	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average	
Graduate	<input type="checkbox"/> No <input type="checkbox"/> Yes	Degree	
Major		Minor	

OTHER TRAINING/ CERTIFICATE PROGRAM(S)

Attach additional sheets if necessary

Course / Program Title	Name of School or Institution	Dates Attended		Class Hours
		From	To	

Attach a copy of all diploma(s) / certificate(s) claimed, and transcript(s) from all college(s) / vocational / technical training school(s) attended. If degree(s) is from a foreign school, include a transcript evaluation by a U.S. college (or vocational / technical training school if appropriate). For assistance or more information contact the City's Personnel Office.

Employment Record (You must include employment dates, salaries and reasons for leaving. Start with your present or most recent employer).

Total Years of Paid Experience	Full Time	Part Time
Total Years Applicable Experience	Full Time	Part Time

List every employer - Starting with current or most recent

Employer		
Address		
City	State	Zipcode
Product or Service	Total Employees	
Supervisor's Name	Phone []	
Position Title	Number Supervised	
Employed	From	To
[] Full Time [] Part Time (Hours per Week)	Starting Pay \$	Ending Pay \$
Description of Position		

Reason for Leaving

Employer		
Address		
City	State	Zipcode
Product or Service	Total Employees	
Supervisor's Name	Phone []	
Position Title	Number Supervised	
Employed	From	To
[] Full Time [] Part Time (Hours per Week)	Starting Pay \$	Ending Pay \$

Description of Position		
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Reason for Leaving

Employment History

Employer			
Address			
City	State		Zipcode
Product or Service			Total Employees
Supervisor's Name			Phone []
Position Title			Number Supervised
Employed	From	To	Starting Pay \$
[]	Full Time	[]	Part Time (Hours per Week)
			Ending Pay \$
Description of Position			

Reason for Leaving

Employer			
Address			
City	State		Zipcode
Product or Service			Total Employees
Supervisor's Name			Phone []
Position Title			Number Supervised
Employed	From	To	Starting Pay \$
[]	Full Time	[]	Part Time (Hours per Week)
			Ending Pay \$

Description of Position

Reason for Leaving

Employment History

Employer			
Address			
City	State	Zipcode	
Product or Service			Total Employees
Supervisor's Name			Phone []
Position Title			Number Supervised
Employed	From	To	Starting Pay \$
[]	Full Time	[]	Part Time (Hours per Week)
			Ending Pay \$
Description of Position			

Reason for Leaving

Employer			
Address			
City	State	Zipcode	
Product or Service			Total Employees
Supervisor's Name			Phone []
Position Title			Number Supervised
Employed	From	To	Starting Pay \$
[]	Full Time	[]	Part Time (Hours per Week)
			Ending Pay \$

Description of Position

Reason for Leaving

Employment History

Employer			
Address			
City	State		Zipcode
Product or Service			Total Employees
Supervisor's Name			Phone []
Position Title			Number Supervised
Employed	From	To	Starting Pay \$
[]	Full Time	[]	Part Time (Hours per Week)
			Ending Pay \$
Description of Position			

Reason for Leaving

Employer			
Address			
City	State		Zipcode
Product or Service			Total Employees
Supervisor's Name			Phone []
Position Title			Number Supervised
Employed	From	To	Starting Pay \$
[]	Full Time	[]	Part Time (Hours per Week)
			Ending Pay \$
Description of Position			

Reason for Leaving

Include all paid employment. Attach additional sheets if necessary, providing the same information requested above.

Vehicle Operators License(s) Attach Copy(s)				
[] Operator Number		State		Expiration
Restrictions				
[] Commercial Number		State		Expiration
Restrictions				
		Type		
Ever receive a traffic citation	[] NO	[] YES	(Attach Details)	
License ever suspended or revoked	[] NO	[] YES	(Attach Details)	
Professional License(s) / Registration(s) Attach Copy(s)				
Type		Number		
Issuing Agency		Expiration Date		
Type		Number		
Issuing Agency		Expiration Date		
Type		Number		
Issuing Agency		Expiration Date		
Language Skills (Indicate level of proficiency: Beginner Intermediate Advanced Fluent)				
Language	Understand	Speak	Read	Write
English				
Military Experience Attach copy of DD - 214 (Copy of DD-204 may be required prior to appointment)				
Active Duty	Branch			
Date Entered		Date Discharged		Type
Reserve Duty	Branch			
Date Entered		Date Discharged		Type
ID Number			Highest Rank	
Served Outside U.S. [] Yes [] No			Final Rank	
[] Served during time of war	From		To	
Any Metals / Decorations	[] NO	[] YES	(Attach detailed information)	
Any Disciplinary Action	[] NO	[] YES	(Attach detailed information)	

Personal References	Name		Occupation
	Address		
	City	State	Zipcode
	Telephone (Day Time) ()		Years Known
	Name		Occupation
	Address		
	City	State	Zipcode
	Telephone (Day Time) ()		Years Known
	Name		Occupation
	Address		
City	State	Zipcode	
Telephone (Day Time) ()		Years Known	
Professional References	Name		Occupation
	Address		
	City	State	Zipcode
	Telephone (Day Time) ()		Years Known
	Name		Occupation
	Address		
	City	State	Zipcode
	Telephone (Day Time) ()		Years Known
	Name		Occupation
	Address		
City	State	Zipcode	
Telephone (Day Time) ()		Years Known	

City of Florida City

Authority to Release and Verify Applicant Background Information

(Please read carefully)

In connection with my application for employment, I hereby authorize the City of Florida City's Personnel Officer, or other duly authorized representative of the City of Florida City bearing this release, or copy thereof, to obtain and verify any information pertaining to my background records deemed necessary for employment by the City such as driver license, criminal, employment training and references, medical, credit, and/or educational records, including but not limited to, driving history, personal history, job performance, disciplinary actions, conviction records, medical records, or credit records. I understand that the City may require the use of polygraph testing as a condition of pre-employment for some positions and hereby authorize release of any polygraph test results. This release is executed with full knowledge and understanding that the information is for the official use of the City and is subject to the provisions of the Privacy Act, Public Law 93-579. Consent is also granted for the City to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I understand that the submission of an application does not guarantee employment or job availability. I further understand that, should an offer of employment be extended by the City of Florida City or accepted that such employment is at will and does not create a contractual obligation upon the City of Florida City to continue to employ me in the future.

I, and on behalf of my heirs, family or associates, hereby release you, as the custodian of such information or records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization to release such information, or any attempt to comply with this request.

This release shall remain in full force and effect for one year from the date set forth below, or, if employed by the City within one year of the date set forth below, until rescinded by my written notice to the City after termination of my employment.

Signature of Applicant

Name of Applicant (please print)

Date

City of Florida City

Authority to Release Medical Information

I hereby authorize the City of Florida City's Personnel Officer, or any other duly authorized representative to the City of Florida City bearing this release, or a copy thereof, to obtain any and all medical records relating to any or all of my medical history and records of treatment including alcohol and drug testing results.

This release is executed with full knowledge and understanding that the information is for the official user of the City and is subject to the provisions of the Privacy Act, Public Law 93-579 and the City's Personnel Rules and Regulations. Consent is also granted for the City to furnish the information described above to third parties only in the course of fulfilling the City's official responsibilities.

I, and on behalf of my heirs, family or associates, hereby release you, as the custodian of such information or records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization to release such information, or any attempt to comply with this request.

This release shall remain in full force and effect for one year from the date set forth below, or, if employed by the City within one year of the date set forth below, until rescinded by my written notice to the City after termination of my employment.

Signature of Applicant

Name of Applicant (please print)

Date

Why did you apply for this position?

How would your best friend describe you?

Have you worked for Florida City in the past	[<input type="checkbox"/>] NO
[<input type="checkbox"/>] Yes (Position	Employed From _____ To _____)
Do you have relatives working for the City	[<input type="checkbox"/>] NO
[<input type="checkbox"/>] Yes (Name	Relationship _____)
How did you learn this position was available	[<input type="checkbox"/>] Newspaper [<input type="checkbox"/>] Friend
[<input type="checkbox"/>] Magazine [<input type="checkbox"/>] Employee [<input type="checkbox"/>] Other (Specify)	
Emergency Contacts	
Primary	Relationship
Telephone Number (Day Time) ()	(Night) ()
Secondary	Relationship
Telephone Number (Day Time) ()	(Night) ()
Restricted Records	
Release of certain records of law enforcement personnel and their spouses and children are restricted. Are you a current or former law enforcement officer or the child, spouse, or former spouse of a current or former law enforcement officer? [<input type="checkbox"/>] NO [<input type="checkbox"/>] YES (Attach complete information)	
Certification by Applicant Read carefully before signing	
I hereby certify that all statements made herein are true and complete. I understand that falsification of my application, any material omission, or misleading information will eliminate my application from consideration; if I have been appointed, I will be dismissed for any falsification.	
I further understand that the City of Florida City is a Drug and Alcohol Free Workplace, that applicants are tested prior to appointment, and that if I test positive I will not be eligible for employment. As a condition of employment, I agree to periodic medical and psychological examinations as directed by the City; if I test positive for illegal drugs, or I am not able to perform my assigned duties due to alcohol, medical, psychological, or other conditions, that I will be dismissed.	
_____ Signature of Applicant	_____ Date

