

APPLICATION FOR EMPLOYMENT



THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETE

**CITY OF DADE CITY
P.O. BOX 1355
DADE CITY, FL 33526-1355**

Date: _____
Position Applying For: _____

Name: _____ SS#: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Telephone Number Home: _____ Cell: _____ Email: _____

Are you legally eligible for employment in the USA? Yes _____ No _____
Date available to begin work: _____ Minimum Salary Expected: _____

Have you ever been employed by the City of Dade City? _____ If yes, when? _____
Position: _____ Reason for Leaving? _____

Do you have friends or relatives currently employed with the City of Dade City? _____
If yes, list name and relationship: _____

Do you have a valid Florida Driver's License? _____ Type: _____
Driver's License Number: _____ Expiration Date: _____
Has your license ever been revoked or suspended? _____ If yes, when and for what reasons: _____

List all traffic citations and/or moving violations received in the past (5) years: _____

LEGAL HISTORY

Have you ever been arrested? Yes: _____ No: _____ If yes, please explain: _____

Have you ever been convicted? Yes: _____ No: _____ If yes, please explain: _____

Have you ever been refused a Surety Bond? _____

Note: An arrest or conviction will be judged in relation to circumstances and will not necessarily bar you from employment.

EDUCATION AND TRAINING

Do you have a High School diploma or GED? _____

Name and location of High School: _____

Name of College or University Attended: _____

Course of Study: _____ Number of years completed: _____ Degree _____

Other Schools Attended: (Business, Technical, Vocational, Correspondence, Etc.) _____

Are you a veteran of the Armed Forces? Yes: _____ No: _____ If yes, Branch of Service: _____

Service Date _____ Type of discharge awarded: _____

SPECIAL SKILLS

Special Training (Business, Trade, Vocational, Armed Forces, etc.) _____

Do you speak, read or write a foreign language? _____

Machines and/or Equipment Operated: _____

Computer Programs: MS Word Excel Powerpoint WordPerfect Others: _____

Licenses or Certificates: (Include type, State or other licensing authority) _____

Membership(s) in professional, job related organizations (include offices held): _____

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

REFERENCES

List three personal references, not related to you, whom you have known for at least one year. Do not list anyone we cannot contact immediately.

Name: _____ Telephone# _____
Mailing Address: _____ Years Known: _____

Name: _____ Telephone # _____
Mailing Address: _____ Years Known: _____

Name: _____ Telephone # _____
Mailing Address: _____ Years Known: _____

The City of Dade City is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national, age, marital or veteran status(Except Veteran’s preference), or the presence of a non-job related medical condition or handicap.

The City of Dade City is a drug free workplace. Pre-employment drug screening will be done.

EMPLOYMENT HISTORY

Complete all information requested. Begin with your most recent job. List each job separately. List all jobs, military service and any period of unemployment.

If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.

If you have been employed under any other name, list name by each employer, as applicable.

Employer: _____ Job Title: _____
Street Address: _____ Start Date: _____ Last Date: _____
City/State/Zip: _____ Start Salary: _____ Last Salary: _____
Telephone Number: _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific duties and responsibilities: _____

Reason for Leaving: _____
May we contact your present employer regarding your employment record? _____

Employer: _____ Job Title: _____
Street Address: _____ Start Date: _____ Last Date: _____
City/State/Zip: _____ Start Salary: _____ Last Salary: _____
Telephone Number: _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific duties and responsibilities: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____
Street Address: _____ Start Date: _____ Last Date: _____
City/State/Zip: _____ Start Salary: _____ Last Salary: _____
Telephone Number: _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific duties and responsibilities: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____
Street Address: _____ Start Date: _____ Last Date: _____
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Telephone Number: _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific duties and responsibilities: _____

Reason for Leaving: _____

Veterans Preference

If you are an honorably discharged Veteran, you may be eligible for Veteran's Preference in consideration of your application for employment.

Substantiating documentation must be furnished at the time of application.

Do you request a Veteran's Preference? YES NO

If yes, please designate the basis for your preference below.

_____ 1. As a Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.

_____ 2. As the spouse of a Veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a Veteran missing in action, captured or forcibly detained by a foreign power.

_____ 3. As a Veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.

_____ 4. As the un-remarried spouse of a Veteran who was killed in action, or died of a service-connected disability.

Branch of Service: _____ **Date of entry:** _____ **Date of Discharge:** _____

Have you been employed through Veteran's Preference since October 1, 1987?

If yes, name of employer:

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295.08 may file a complaint with THE DIVISION OF VETERANS' AFFAIRS (P.O. BOX 1437, ST. PETERSBURG, FLORIDA 33731) within 21 calendar days from the date of notice of hiring decision.

THIS CERTIFICATION MUST BE SIGNED - PLEASE READ CAREFULLY

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the City of Dade City to verify all information contained herein, and I release all past employers and all references from any and all liability for the release of information to the City of Dade City.

I If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature_____ Date_____

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APPLICANT DATA SHEET

Qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status (except veteran's preference), or the presence of a non- job related medical condition or handicap.

In an effort to comply with federal government record keeping requirements, reporting and other legal obligations which may apply, we request that you complete this Applicant Data Survey. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action.

Please be advised this survey is not part of your official application for employment, and will be kept confidential in accordance with applicable laws and regulations.

Position Applied for: _____ Date: _____

Name: _____ Telephone : _____

Address: _____ City/State/Zip: _____

Male: _____ Female: _____

Referral Source

Walk in: _____ Advertisement: _____ Employee: _____ Relative: _____ Other: _____

Equal Opportunity Identification Groups

Caucasian/White: _____ Black: _____ Hispanic: _____ American Indian/Alaskan Native: _____

Asian/Pacific Islander: _____ Other: _____

YOUR COOPERATION IS APPRECIATED

PERSONNEL DEPARTMENT
City of Dade City, FLORIDA
P.O. BOX 1355
DADE CITY, FL 33526-1355
PHONE 352-521-1412 FAX 352-521-1422

CONFIDENTIAL

**AUTHORITY FOR RELEASE OF INFORMATION
PERSONAL INQUIRY WAIVER**

TO: Concerned Person or Authorized Representative of Any Organization,
Institution or Repository of Record

FROM: The City of Dade City Personnel Department

REGARDING: Name: _____
First Middle Last

Address: _____
Street

_____ City State Zip

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Position Applied For: _____

THIS FORM WILL BE KEPT IN A FILE SEPARATE FROM THE APPLICATION

Information on this form is only used to facilitate the background check

I authorize the City of Dade City to perform a background investigation to assist the city in determining my suitability for the position I am seeking. I respectfully request and authorize you to furnish the City of Dade City and its representatives all information that you may have concerning my employment records, school records (to include copy of transcript, character, reputation, military records, criminal history records, and driver's license (where applicable)). This information is to be used to assist the City of Dade City in determining my qualifications and fitness for the position I am seeking with the City.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Signature of Applicant

Date

Witness Signature

Date

Photocopies of this document should be treated with the same authenticity as the original