



APPLICATION FOR EMPLOYMENT

All Questions Must Be Answered Completely and Accurately (Please Print)

Position Applied For: _____

Date: _____

Name _____
(Last) (First) (Middle)

Present Address _____
(No. & Street) (City) (County) (State) (Zip)

Telephone Number () _____ Alt. Phone _____ Social Security No. _____

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.

Are you a citizen of the United States? Yes _____ No _____

If you are not a citizen of the U. S., do you have the following:

- _____ Green Card (Alien Registration)
- _____ Unexpired Temporary Work Permit
- _____ Unexpired Temporary Resident Card
- _____ Permanent Resident Alien Card
- _____ Unexpired Employment Authorization Card

Note: If employed, you will be required to submit appropriate documents.

Have you ever been convicted of, pled nolo contendere (no contest to), had adjudication withheld, been placed on probation for, or entered a pre-trial diversion program for the commission of a crime? (Include any and all instances of the foregoing, even if adjudication was withheld.) **Note: A conviction record will not necessarily prevent you from being employed. Background checks will be processed in Florida and nationally by fingerprint records. If not answered honestly you will be automatically disqualified.**

Yes _____ No _____ If yes, furnish the date of arrest, arresting agency and disposition of case. _____

Have you ever been fined for a traffic violation, pled nolo contendere (no contest), or found guilty of a traffic violation (DUI, speeding violation, failure to obey traffic signs, etc.)? (Include any and all instances of the foregoing, even if adjudication was withheld.)

Yes _____ No _____ If yes, furnish details: _____

Notice to applicants: Pursuant to our commitment to equal employment opportunity, the City of Apopka does not discriminate in employment on the basis of race, color, religion, national origin, sex, age, citizenship, disability, marital status, or any other legally protected status.

ONLINE APPLICATIONS WILL REQUIRE SIGNATURE(S) AT THE TIME OF INTERVIEW
PAPER APPLICATIONS (ORIGINAL/NO COPIES) MUST BE SUBMITTED TO:

**CITY OF APOPKA
HUMAN RESOURCES DEPARTMENT
120 E MAIN STREET
APOPKA, FL 32703**

**EQUAL OPPORTUNITY EMPLOYER
VETERAN'S PREFERENCE - DRUG TESTING REQUIRED
QUALIFIED INDIVIDUALS WITH DISABILITIES MAY APPLY AND MAY BE REASONABLY ACCOMMODATED
APPLICATIONS SUBJECT TO PUBLIC RECORDS LAW, FLORIDA STATUTES, CHAPTER 119**

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Have you ever been employed by the City of Apopka? Yes _____ No _____ When? _____
List any friends or relatives working for the City. _____

POSITION (Job you are applying for) * _____ **Wage expected** _____

Date that that you will be available to begin work. _____
Full-Time _____ Part Time _____ Specify hours, if part time _____

***Residency requirement for firefighters must be met within one (1) year from date of hire. A copy of a State of Florida EMT License, a State of Florida Certificate of Compliance, and a valid FL Driver's License, Class D with E endorsement, must be attached to the application in order to be considered for a firefighter position with the City of Apopka.**

RECORD OF EDUCATION

Did you complete high school? Yes _____ No _____ GED _____ Name/Address of School: _____

Highest grade completed _____

Did you attend/complete college? Yes _____ No _____ Name and Address of college: _____
(If more than one college, please provide complete information on separate sheet of paper and attach to this page.) Copy of each diploma earned is required. _____

Type of degree earned: AA/AS _____ BA/BS _____ MA/MS _____ What area of study? _____

Number of semester/quarter hours completed, if degree not obtained _____.

DRIVERS LICENSE INFORMATION (Please answer each question.)

All City of Apopka positions require a valid State of Florida Drivers License (DL). (Applicants not currently holding valid FL DL may be considered on individual basis, i.e., out of state, etc., but would be required to obtain valid FL DL.)

Do you have a valid State of Florida Driver's License? Yes _____ No _____

Do you have a valid State of Florida Commercial Driver's License (CDL)? Yes _____ No _____ Class _____

(CDL holders will be required to complete additional forms, as required by FMCSA Regulations.)

Do you have a valid Driver's License from another state? Yes _____ No _____

If yes, state where issued _____ Class _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number
1) _____	_____	_____
_____	_____	_____
2) _____	_____	_____
_____	_____	_____
3) _____	_____	_____
_____	_____	_____

EMERGENCY INFORMATION

Person to notify in case of emergency. _____ (Relationship) _____

Address _____ Telephone # _____

Applicant's Signature _____ Date: _____

EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT. BEGIN WITH YOUR MOST RECENT OR PRESENT POSITION. If additional space is needed, Additional Employment pages are available.

Employer # 1 (Present employment, or if unemployed, please indicate.)

Dates: From _____ To _____ Title of position held _____

Name & Address of Business _____

Type of Business _____ Phone Number _____

Describe work you did or that you are currently doing _____

Weekly Salary _____ Reason for leaving _____

Supervisor _____ May we contact this person? ___ Yes ___ No

Employer # 2

Dates: From _____ To _____ Title of position held _____

Name & Address of Business _____

Type of Business _____ Phone Number _____

Describe Work You Did _____

Weekly Salary _____ Supervisor _____

Reason for Leaving _____

Employer # 3

Dates: From _____ To _____ Title of position held _____

Name & Address of Business _____

Type of Business _____ Phone Number _____

Describe Work You Did _____

Weekly Salary _____ Supervisor _____

Reason for Leaving _____

IF RESUME IS SUBSTITUTED FOR THIS PAGE, ALL INFORMATION REQUESTED ON THIS PAGE MUST BE INCLUDED ON RESUME

IMPORTANT
Read, Date and Sign

As a part of the normal procedure of processing an application, an investigation may be made to provide applicable information concerning character, general reputation, personal characteristics and mode of living. As prescribed by Public Law 91.508, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided.

Have you ever been known by any other name? ___ Yes ___ No If yes, list all names used in the past, locations and circumstances (i.e. divorce, adoption, legal name changes, alias, etc.):

Name	Date: From - To	City & State	Circumstances
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Name	Date: From - To	City & State	Circumstances
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Name	Date: From - To	City & State	Circumstances
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Name	Date: From - To	City & State	Circumstances
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PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS.

_____ I hereby authorize investigation of all statements contained in this application, including criminal background and/or fingerprint checks. I authorize all previous employers and references to release any information relating to my past history and release them from any liability arising from disclosure of these facts. I understand that I am expected to answer questions honestly and will be disqualified from further consideration if I do not.

_____ I hereby further agree to undergo physical examination, including but not limited to the collection of a blood, urine or breath sample to be submitted for an alcohol, drug and controlled substance, or any combination thereof, abuse screening test by a physician selected by the City of Apopka, at any time before or during employment to the city and at the expense of the City. Further, I hereby consent to the release of the test results to those City officials who make employment decisions for the City. I understand that any positive result from such a test, like any other pre-employment investigation, which indicates my inability to satisfactorily perform the job for which I am applying may preclude my employment. Further, I understand that my failure to execute this voluntary consent will result in my not being further considered for employment.

_____ I authorize the City of Apopka to conduct periodic investigations related to physical, driving history or any other matter deemed necessary by the City during my employment.

_____ If and when employed by the City, I hereby agree to work the regular workdays, with overtime to be worked as required by the department supervisor on such days as might be required by the City.

_____ I understand that the misrepresentation, omission or incorrect statement of facts called for in this application is cause for a refusal to hire me or my termination if I am hired. I agree, if employed, to abide by all City rules and regulations, either published or in effect by usage. I understand that all employment is based upon the need of the employer for such services as I may render and all such employment is at the will of the employer.

_____ I understand that if I work over forty (40) hours in a work week I will be compensated in accordance with the Fair Labor Standards Act, however, I will not receive extra pay if I work more than ten (10) hours in a day.

Applicant's Signature

Date

Employer Representative Signature

Date

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes _____ No _____ Branch _____

Dates of Duty: From _____ To _____

Veterans' Preference Given on Initial Hire - Qualify: Yes _____ No _____

Completion of the Veterans' Preference section is voluntary. Information provided will be kept confidential in accordance with the Americans with Disabilities Act.

VETERANS' PREFERENCE

Are you a resident of the State of Florida? Yes _____ No _____

Check the appropriate block if you are claiming veteran's preference.

- ☐ 1. A veteran with a 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, **or**
- ☐ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained in line of duty by a foreign power, **or**
- ☐ 3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**
- Note: Wartime periods are defined in F.S. 1.01. Eligible wartime periods now include Operation Enduring Freedom (beginning October 7, 2001 – present) and Operation Iraqi Freedom (beginning March 19, 2003 – present).
- ☐ 4. The unremarried widow or widower of a veteran who died of a service-connected disability, **or**
- ☐ 5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

A DD214 or comparable document which serves as a certificate of release or discharge and any other required supporting documentation must be furnished at the time of application. If applying electronically, please FAX supporting documentation to the City's HR office at 407-703-1793. Please identify the position for which you have applied and the date of application. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Chapter 55A-7.013, F.A.C. Under Florida law, preference in appointment shall be given first to those persons in categories 1 and 2 and then to those in categories 3, 4, and 5. Veterans' Preference is only available to Florida Residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, they may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Largo, FL 33776. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application if filed with the employer, if no notice is given.

Applicant's Signature _____ Date _____

NAME_____

APPLICANT DATA RECORD

Qualified applications are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As a municipal employer, we comply with federal record keeping, reporting and affirmative action responsibilities.

Solely to help us comply with federal record keeping, reporting and other legal requirements, please fill out the data record.

Position Applied For:_____ Date_____

Referral Source: ____City of Apopka Website ____Other Website – Name of Other Website_____

____Newspaper ____Employment Agency ____Friend ____Relative

____Other Publication_____ ____Bulletin Board

____City Employee (Name)_____ ____Other_____

AFFIRMATIVE ACTION SURVEY

Federal agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: ____Male ____Female

Check one of the following:
(Race/Ethnic Group) ____White ____Black ____Hispanic

 ____American Indian/Alaskan Native ____Asian/Pacific Islander

Check if any of the following are applicable:

____Vietnam Era Veteran

____Disabled Veteran

____Disabled Individual