

CITY OF ZEPHYRHILLS
5335 8th Street
Zephyrhills, FL 33542
APPLICATION FOR EMPLOYMENT

Position(s) Applied For	Date of Application
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PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Street Address	City	State Zip Code
Telephone Number(s)		Email

Are you legally eligible for employment in the USA? YES NO	If hired, give date you will be available to start work.
Do you want to work full-time or part-time?	Referred by:

Have you ever been arrested? YES NO	If Yes, please explain:
Have you ever been charged or convicted? YES NO	If Yes, please explain:

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

Have you ever been demoted, discharged, or forced to resign? YES NO If Yes, please explain:
Are you related to anyone employed by the City of Zephyrhills YES NO If Yes, give name and relationship:

Do you have a valid Florida Driver's License? YES NO (Only for positions requiring driving requirements.) Type Number Expiration Date:
Explain all traffic citations received in the past (5) years:

EDUCATION AND TRAINING

Highest grade completed:	Name and Location of High School
Name of College or University Attended:	Course(s):
Number of Years Completed _____ Degree:	Other Schools Attended (Business, Technical, Correspondence, Etc.)
Do you have a valid trade license or certificate: YES NO If Yes, type and expiration date:	Are you a veteran of the armed forces? YES NO If Yes, give service date:

EMPLOYMENT HISTORY

List LAST EMPLOYER first. Include military service and temporary or part-time jobs in proper time sequence. You may include any volunteer work performed.

Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate/Salary Starting Final		
Telephone Number			
Job Title			Reason for Leaving:
Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate/Salary Starting Final		
Telephone Number			
Job Title			Reason for Leaving
Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate/Salary Starting Final		
Telephone Number			
Job Title			Reason for Leaving

INCLUDE ADDITIONAL SHEETS IF NECESSARY

Do you have any objection to your current employer being contacted? YES NO

Describe any **special** experience, skills or qualifications you may have.

Indicate any foreign languages you

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

Personal References & Acquaintances

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who have known you well for the past three (3) years.

Complete Name:	Home Address:
_____	_____
Last First Middle	_____
Years Known: _____	Home Phone: _____
_____	_____
Complete Name:	Home Address:
_____	_____
Last First Middle	_____
Years Known: _____	Home Phone: _____
_____	_____
Complete Name:	Home Address:
_____	_____
Last First Middle	_____
Years Known: _____	Home Phone: _____
_____	_____

Would you wish to claim Veteran's Preference for this position?

YES NO

If yes, please complete proper form(s).

******PLEASE NOTE THE FOLLOWING BEFORE SIGNING THIS APPLICATION******

- **If this application is incomplete or not signed in ink, it will be rejected without further notice.**
- **An employment physical will include drug screening.**
- **A criminal history background investigation will be conducted.**
- **A driver's license history will be conducted.**
- **On certain job descriptions a credit history will be conducted.**
- **Copy of driver's license, if applicable to position applied.**
- **High school diploma.**

AGREEMENT: To the best of my knowledge, I certify that answers given herein are true and complete. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. In the event of my employment, I will abide by all rules and regulations of the City and understand that **FALSE OR MISLEADING** information given herein or during my interview(s) **WILL** result in immediate discharge.

SIGNATURE

DATE

NON-DISCRIMINATION POLICY: It is the City's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations, or because of race, color, creed, sex, age, or national origin.

Applicants with disabilities will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. All complaints should be submitted in writing to the Human Resources Director.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Completion of information below is voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to 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. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for: _____ Date ____/____/____.

Referral Source

Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement – Source _____ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone () _____

Address _____

_____ Street _____ City _____ State _____ Zip Code _____
 Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic Origin) Black (not of Hispanic Origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander Multiracial (having parents of different races)

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____ Hired Yes No

Position hired for _____

From the EEO job classification listed below, which one best describes the position filled?

Officials and Managers Sales Worker Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes: _____

Completed by: _____ Date ____/____/____

Revised July 2014

PERSONAL INQUIRY WAIVER

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish to the City of Zephyrhills, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the City of Zephyrhills in determining my qualifications for the position I am seeking with the City of Zephyrhills.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

Applicant's Signature

Date

Address

STATE OF FLORIDA
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this _ day of _____ 20_____, by _____, who is personally known to me or produced _____ as identification and who did/did not take an oath.

(SEAL)

Notary Public

City of Zephyrhills Drug-Free Workplace Acknowledgement & Testing Consent Form

The City Of Zephyrhills is committed to creating and maintaining a workplace free of substance abuse without jeopardizing the job security of a valued employee. To address this problem, the City of Zephyrhills has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. My initials below indicate acknowledgement and agreement to the following:

Initial

_____ I have received a written copy of the city's Drug-Free Workplace Policy

_____ I agree that Lab Corp may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the City of Zephyrhills for analysis. I further agree to hereby authorize the release of the test results to the City of Zephyrhills.

_____ I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

_____ I understand that my current or future use of illegal drugs may prohibit me from being employed at the City of Zephyrhills.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

_____ Pre-employment: As a part of the new-hire process.

_____ Post Accident: After causing, contributing to, or being involved in a workplace accident.

_____ Random: As a part of an unbiased and periodic testing program.

_____ Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT

Print Name: _____ Date: _____

Signature: _____

WITNESS

Print Name: _____ Signature: _____

CITY OF ZEPHYRHILLS

5335 8th Street

Zephyrhills, Florida 33542

(813) 780-0000

ATTENTION – THIS STATEMENT MUST BE READ

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration Act
- To report income pursuant to the Federal Department of Internal Revenue Service
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act
- For Drug Screening Test Identification
- To process your Employment Benefits

Applicant's Signature

Date

VETERANS' PREFERENCE CERTIFICATION

Date: _____ Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status along with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

(a) A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

(b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

(c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(d) The unremarried widow or widower of a veteran who died of a service-connected disability.

(e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

(f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at _____@_____ or _____, if you have any questions.

This statement is true to the best of my knowledge and belief.

By _____

Printed Name _____

**Certification of Current Member of
Reserve Component of the United States Armed Forces
or The Florida National Guard**

To be completed by your IMMEDIATE MILITARY SUPERVISOR:

I certify that _____ is a current member of
_____(branch) **Reserve Component of the United States Armed
Forces or The Florida National Guard** (circle one) and is in "Honorable" standing as of this date.

Signature of Immediate Military Supervisor

Date: _____

Supervisor's Printed Name and Rank

Military Supervisor's Telephone Number

To be completed by APPLICANT:

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a Current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

**I certify that I am a Current member of _____,
honorably serving, that I intend to continue my military service, and that the following
information is accurate:**

Address: _____

Home/mobile telephone(s): _____

By: _____
Signature of Current Member

Date: _____

Printed name



Certification of Unremarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a serviced connected disability and

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

To be completed by Unremarried Widow or Widower:

I certify that I, _____, was married to _____,
a member of _____ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

Signature of Widow or Widower Date: _____

Printed name: _____

Home/mobile telephone(s): _____

Address: _____

Witness: _____ Date: _____

Printed name: _____

Address: _____