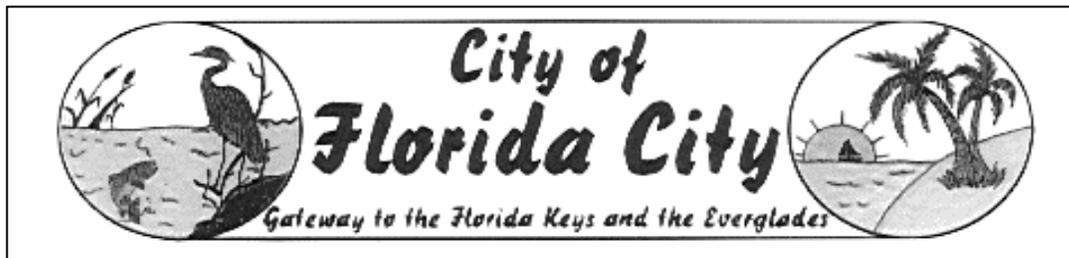


Last Name	First
Position Applied For	



## *Employment Application Form*

Personnel Department  
City of Florida City  
404 West Palm Drive  
Florida City, Florida 33034-0570  
(305) 245-1861      Fax (305) 242-8133

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 job 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.

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. Our new openings are generally advertised in the Miami Herald and/or The South Dade News Leader, and are posted in the personnel Office.

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

Personnel Department - April, 2013

**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**

<b>CIRCLE HIGHEST GRADE COMPLETED</b>												<b>COLLEGE</b>				<b>GRADUATE SCHOOL</b>			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

**HIGH SCHOOL(S) AND ALL OTHER SCHOOL(S) ATTENDED**  
 Start with first High School, attach additional sheets if necessary

<b>1</b>	<input type="checkbox"/> High School	<input type="checkbox"/> 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		

<b>2</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational / Technical	<input type="checkbox"/> 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		

<b>3</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational / Technical	<input type="checkbox"/> 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		

<b>4</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational / Technical	<input type="checkbox"/> 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**

<b>5</b>	<input type="checkbox"/> High School	<input type="checkbox"/> 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	

<b>6</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational / Technical	<input type="checkbox"/> 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		

<b>7</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational / Technical	<input type="checkbox"/> 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

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)

<input type="checkbox"/> Operator Number	State	Expiration
--	-------	------------

Restrictions

<input type="checkbox"/> Commercial Number	State	Expiration
--	-------	------------

Restrictions

	Type	
Ever receive a traffic citation	<input type="checkbox"/> NO <input type="checkbox"/> YES	(Attach Details)
License ever suspended or revoked	<input type="checkbox"/> NO <input type="checkbox"/> 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
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Reserve Duty	Branch
--------------	--------

Date Entered	Date Discharged	Type
--------------	-----------------	------

ID Number	Highest Rank
-----------	--------------

Served Outside U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Rank
--	------------

<input type="checkbox"/> Served during time of war	From	To
--	------	----

Any Metals / Decorations	[ <input type="checkbox"/> ] NO <input type="checkbox"/> YES	(Attach detailed information)
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Any Disciplinary Action	[ <input type="checkbox"/> ] NO <input type="checkbox"/> YES	(Attach detailed information)
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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 education, training, and employment information

To Whom It May Concern:

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 any information you may have or that is contained in your files pertaining to my employment training, medical, credit, and/or educational records, including but not limited to, achievement, attendance, personal history, performance, disciplinary actions, medical records, or credit records. 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 fulfill in its 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.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

Print Name	Signature	
Address	Telephone (    )	
City	State	Zipcode

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ OF \_\_\_\_\_, 20\_\_\_\_ BY \_\_\_\_\_, WHO PRESENTED \_\_\_\_\_ AS IDENTIFICATION, AND DID TAKE AN OATH.

\_\_\_\_\_  
(YOUR SIGNATURE)

\_\_\_\_\_  
(YOUR NAME)

NOTARY PUBLIC - STATE OF FLORIDA

\_\_\_\_\_  
COMMISSION NUMBER

\_\_\_\_\_  
DATE YOUR COMMISSION EXPIRES

City of Florida City  
Authority to release medical information

To Whom It May Concern:

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.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

Print Name	Signature	
Address	Telephone (    )	
City	State	Zipcode

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ OF \_\_\_\_\_, 20\_\_\_\_ BY \_\_\_\_\_, WHO PRESENTED \_\_\_\_\_ AS IDENTIFICATION, AND DID TAKE AN OATH.

\_\_\_\_\_  
(YOUR SIGNATURE)

\_\_\_\_\_  
(YOUR NAME)

NOTARY PUBLIC - STATE OF FLORIDA

\_\_\_\_\_  
COMMISSION NUMBER

\_\_\_\_\_  
DATE YOUR COMMISSION EXPIRES

Why did you apply for this position?

How would your best friend describe you?

--

Have you worked for Florida City in the past  NO

Yes (Position Employed From To )

Do you have relatives working for the City  NO

Yes (Name Relationship )

How did you learn this position was available  Newspaper  Friend

Magazine  Employee  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?  NO  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

--

