

EMPLOYMENT: Please list all full and part time work experience. Start with the most recent position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format if necessary. Resumes may not substitute for any information requested on this application, but may be submitted in addition to a completed application.

<p>1. Dates of Employment</p> <p>From:</p> <p>Month ____ Day ____</p> <p>Year _____</p>	<p>_____</p> <p>Firm Name Address City, State</p> <p>_____</p> <p>Type of Business Name, Title, Phone Number of Immediate Supervisor</p> <p>_____</p> <p>Your Title</p>
<p>To:</p> <p>Month ____ Day ____</p> <p>Year _____</p> <p>_____</p> <p>Total Hours Worked Per Week</p> <p>Beginning Salary:</p> <p>_____</p> <p>Ending Salary:</p> <p>_____</p>	<p>Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p> <p>Reason for leaving:</p>

<p>2. Dates of Employment</p> <p>From:</p> <p>Month ____ Day ____</p> <p>Year _____</p>	<p>_____</p> <p>Firm Name Address City, State</p> <p>_____</p> <p>Type of Business Name, Title, Phone Number of Immediate Supervisor</p> <p>_____</p> <p>Your Title</p>
<p>To:</p> <p>Month ____ Day ____</p> <p>Year _____</p> <p>_____</p> <p>Total Hours Worked Per Week</p> <p>Beginning Salary:</p> <p>_____</p> <p>Ending Salary:</p> <p>_____</p>	<p>Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p> <p>Reason for leaving:</p>

<p>3. Dates of Employment</p> <p>From:</p> <p>Month ____ Day ____</p> <p>Year _____</p>	<p>_____</p> <p>Firm Name Address City, State</p> <p>_____</p> <p>Type of Business Name, Title, Phone Number of Immediate Supervisor</p> <p>_____</p> <p>Your Title</p>
<p>To:</p> <p>Month ____ Day ____</p> <p>Year _____</p> <p>_____</p> <p>Total Hours Worked Per Week</p> <p>Beginning Salary:</p> <p>_____</p> <p>Ending Salary:</p> <p>_____</p>	<p>Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p> <p>Reason for leaving:</p>

THIS SPACE IS PROVIDED FOR ANY ADDITIONAL OR EXPLANATORY INFORMATION THAT YOU FEEL IS NECESSARY TO COMPLETE THE APPLICATION FOR EMPLOYMENT. IF NECESSARY, ATTACH A BLANK SHEET WITH ADDITIONAL EXPERIENCE INFORMATION.

List professional, trade, business, or civic associations and any offices held.
(Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experience that may qualify you to work with this organization.

List special accomplishments, publications, awards, etc. (Exclude information which would reveal sex, race, religion, national origin, age, color disability or other protected status.)

REFERENCES: List three personal references who have knowledge of your qualifications for employment and are not relatives or former employers.

NAME	YEARS KNOWN	PHONE NUMBER
		()
		()
		()

May an inquiry be made to your present or past employers, regarding your qualifications, record of employment, etc. ?

[] YES [] NO (Explain No Answer): _____

BACKGROUND INFORMATION

Are you eligible for employment in this country? [] YES [] NO

If hired, proof of citizenship, legal work authorization or immigration status will be required.

Florida Driver's License? [] YES [] NO License Number _____

If "no" please indicate State: _____

Class Code: _____ Endorsements: _____

Florida Commercial Driver's License? [] YES [] NO License Number _____

Class Code: _____ Endorsements: _____

Have you ever been bonded: [] YES [] NO

Have you ever been convicted of a felony or first degree misdemeanor? [] YES [] NO

If yes, charges: _____ Location : _____ Date: _____

Have you ever been convicted of a traffic violation? [] YES [] NO

If yes, charges: _____ Location : _____ Date: _____

A "yes" answer to some questions will not automatically bar you from employment. The nature, severity, and date of any offense in relation to the position for which you are applying are considered.

Have you filed an application here before? YES [] NO []

If yes, please give date and position applied for? _____

Have you ever been employed by the City of Orange City? YES [] NO []

If yes, give dates and department: _____

Are you related to any employee of the City: YES [] NO []

If yes, please give name and relationship: _____
(This information is requested only to avoid conflicts in supervision or assignment.)

Have you ever been discharged or forced to resign from any position? YES [] NO []

If yes, complete the following: Employer: _____

Address: _____ Date: _____

Explanation (Use additional sheets if necessary): _____

DISCLOSURE

The City of Orange City is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

CERTIFICATION – Read carefully before signing.

By signing this document, I certify that all of the information on this entire application, including any attachments, is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from any employment list, or termination of employment. I understand that the City of Orange City is a Drug-Free Workplace and that employees are subject to drug testing in accordance with federal, state, and local statutes. I understand, as a condition of employment, I must undergo and successfully pass a physical and a drug screen, both provided by the City of Orange City. I understand that any applicant testing positive for an illegal controlled substance shall not be hired. I understand that this application is the property of the City of Orange City and information contained herein is public record. I understand and direct any persons or organizations to release and furnish records and information relevant to determine my fitness and suitability for employment in the aforesaid position. I release the custodian of such record, including the City of Orange City and its officials and employees, both elected and appointed, from any liability for damages resulting from any good faith attempts at lawful compliance with this authorization. I understand that just as I am free to resign at any time, the City of Orange City reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the City of Orange City has the authority to make any assurances to the contrary. I am also attesting that I understand and meet all of the minimum requirements for the position applied for.

Signature of Applicant (Sign application in dark ink):

Date Signed (Month/Day/Year)



**CITY OF ORANGE CITY
EMPLOYMENT APPLICATION SUPPLEMENT**

TO: Applicants for Employment

The Uniform Guidelines on Employee Selection Procedures require records to be kept by sex and five race/ethnic categories defined by the Equal Employment Opportunity Commission. The Uniform Guidelines on Employee Selection Procedures have been adopted as final rules by the Equal Employment Opportunity Commission, the Office of Personnel Management, the Department of Justice, the Department of Labor, and the Treasury Department.

The City of Orange City Human Resources Division has adopted safeguards to insure that the records required are only used for appropriate purposes within the Human Resources Division. The information requested below is needed to satisfy Federal Equal Employment Opportunity reporting and research requirements. This information will **NOT** be used to evaluate your application and will be filed separately.

Although the following is not mandatory, it is requested to aid the City of Orange City in its commitment to equal opportunity. It is unlawful for an employer to fail or refuse to hire or to deprive any individual for employment opportunities because of race, color, religion, sex, national origin, age, marital status or disability. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Resources, Building F, Suite 240, 325 John Knox Road, Tallahassee, FL 32303.

--City of Orange City Human Resources Division

PLEASE PRINT

(Last Name) _____	(First) _____	(M) _____	_____-_____-_____ Social Security Number
Mailing Address (Street) _____	(Apt) _____		
POSITION APPLIED FOR _____			DATE OF APPLICATION _____
DATE OF BIRTH _____			GENDER _____M _____F
ZIP CODE _____			

VETERAN

- World War II
- Korean
- Vietnam
- Desert Storm

EDUCATION

- 8th and Under
- 9th - 11th
- High School Graduate/Equivalent
- Post High School

ETHNIC GROUP

- Caucasian
- Black
- Hispanic
- American Indian
- Other

MISCELLANEOUS

- Handicapped
- Disabled
- Limited English
- Other _____



PRE EMPLOYMENT VERIFICATION

The following is required to conduct pre-employment verifications. Date of birth and maiden name are not considered in the employment decision. This information is utilized for accurate records verifications only.

(Last Name)	(First)	(M)	Social Security Number
Maiden or other name used	Last year used	Date of Birth	
Please provide list of cities, including state and zip code, where you have lived or worked in the last seven (7) years. Use extra sheet if necessary. <u>Please print.</u> All numbers and letters must be legible.			
Current Address, City, State, Zip			Since
			From/To
Previous City, State, Zip			From/To
Previous City, State, Zip			From/To

I request that this document in its original or copied form serve as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit reporting agencies, law enforcement or criminal record agencies, and other agencies to release information about me to the City of Orange City, and hereby release all such persons, institutions, agencies, employers, and organizations providing such information from liability in any or all claims and damages connected with their providing any requested information. I understand this process may include a review of local, county, state, and federal governmental agency records and court public records. By signing this form, I acknowledge receipt of these conditions and authorize the City of Orange City to obtain the necessary information to verify the information supplied on my employment application.

Authorized by Candidate:

Signature _____

Date Signed _____

HUMAN RESOURCES USE ONLY:	DATE RECEIVED	Meets Minimum Qualifications
		[] YES [] NO

(This signed form is to be retained in the applicant's file)

COLLECTION OF SOCIAL SECURITY NUMBERS

Please be advised that in accordance with Florida Statutes 119.071 (5)(2)(a) The City of Orange City, Florida, Human Resources Department, requests, collects and maintains social security numbers as an identifier for the following specific purposes:

- To process and report wages pursuant to the Social Security Administration Act
- To report income pursuant to the federal Department of Internal Revenue Service
- For an employee identifier in the city's payroll system
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations
- For drug screening test identification, and employment related medical examinations
- For disclosure to other governmental entities as required by state or federal law which includes New Hire Reporting for the purposes of reporting to the child support division, Equal Employment Opportunity Commission (EEOC), workers compensation and unemployment compensation
- For participation in the agency's retirement plan
- As required by the carrier to participate in the group health, life, and dental insurance plans, as well as to participate in elected additional insurances which are deducted through the payroll system