



Application for Employment

CITY OF AVON PARK
110 E. MAIN STREET
AVON PARK, FL 33825

PLEASE PRINT WITH BLACK INK

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or process should notify a representative to the Human Resources Department.

Specify Accommodations needed:

Position(s) applied for _____ Date of application: ____/____/____

Name _____ Social Security# _____

Address _____

Street City State/Zip Code

Telephone (____) _____ Mobile/Beeper/Other Phone# (____) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ what is your desired salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's License number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone # ()
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities:	
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason for Leaving:	
Hourly Rate/Salary? Start \$ _____ Per _____ Final \$ _____ Per _____			
From	To	Employer	Telephone # ()
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities:	
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Reason for Leaving:	
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Hourly Rate/Salary? Start \$ _____ Per _____ Final \$ _____ Per _____			

SKILLS and QUALIFICATIONS:

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the Position for which you are applying.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

REFERENCES

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me, that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's Service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons; corporations or organizations for furnishing such information in the employment process and all other persons; corporations or organization for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the Federal Immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, and fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant: _____ **Date:** ____/____/____

VETERAN'S PREFERENCE: Check the appropriate block if you are claiming Veteran's Preference.
Documentation substantiating your claim must be furnished at the time of application.

- _____ 1. 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> Veteran's Administration and the Department of Defense, or
- _____ 2. The spouse of a Veteran who cannot qualify for employment because of a service-connected total and permanent Disability, or the spouse of veteran missing in action, captured, or forcibly detained by a foreign power, or
- _____ 3. A Veteran of any war who has serviced on active duty for 181 consecutive days or more, or who has serviced 180 Consecutive days or more since January 31, 1955 and who was discharged or separated there from with an honorable Discharge from the Armed Forces of the United States of America if any part of such active duty was performed during A wartime era. Active duty for training is not allowable, or
- _____ 4. The un-married widow or widower of a Veteran who died of a service-connected disability.

Branch of Service	Date of Entry	Date of Discharge
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Have you claimed and been employed through Veteran's Preference since October 1, 1987?

_____ Yes _____ No If yes, give name of employer: _____

Note: Under Florida Law, preference in appointment and employment shall be given, by the state and its political subdivision, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St., Petersburg, Florida 33731. A complaint shall be filed within twenty-one (21) days after notice of hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.