

RETURN TO:
CITY OF AVON PARK
Human Resources
110 E. MAIN STREET
AVON PARK, FL 33825
(863) 452-4405
bsliva@avonpark.cc



For City Use Only
Date Received

www.avonpark.cc

ACCEPTED ____ Yes ____ No

Application for Employment

We consider applications for all positions without regard to race, color, sex, marital status, religion, creed, national origin, political opinions or affiliations, age, the presence of a non-job related medical condition or disability, or any other legally protected status. The information requested on this application is required by law and/or by the City of Avon Park's personnel rules and regulations and is necessary to be evaluated for employment with the City. In accordance with the ADA, we provide reasonable accommodation upon request. *Drug-Free Workplace Policy.* In accordance with F.S. 112, the City of Avon Park is a drug-free workplace. Applications and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) follow up on routine fitness for duty. Drug and alcohol testing of employees holding commercial drivers' licenses is per federal law and regulations 49 CFR Part 382.103/107. *All information provided will be verified. If employed, this document will become part of your permanent personnel file.*

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

Name _____ E-mail _____

Address _____
Street City State/Zip Code

Telephone (____) _____ Mobile /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 _____

Circle one: Class A B C D E

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: _____
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: _____
Hourly Rate/Salary? Start \$ _____ Per _____ Start \$ _____ Per _____		

From	To	Employer	Telephone
			()

Starting Job Title/Final Job Title	Address
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Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities:
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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

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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.

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:** ____/____/____

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA

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 recordkeeping, reporting and other legal obligations, which may apply, we invite you to complete the application data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision actions. Your cooperation is appreciated.

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 _____

APPLICATION INFORMATION

Name _____ Telephone # () _____
 Last First Middle

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 race)
THIS IDENTIFICATION OF
GROUP IS RECOGNIZED
ONLY IN THE STATE OF
MICHIGAN

FOR ADMINISTRATIVE USE ONLY

Position(s) applied for ____ Available ____ Not Available

Other positions considered for _____

Hired ____ Yes ____ No

Position Hired for _____ Date of Hire _____

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

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

Notes:

Completed by _____ Date ____/____/____

VETERAN'S PREFERENCE: Check the appropriate block if you are claiming Veteran's Preference.

Veterans' Preference Policy: The City of Avon Park affords veterans preference in employment in accordance with F.S. 295. If you are requesting Veterans' Preference, a copy of your most recent DD-214 must be submitted with this application. Completion of the Veterans' Preference Claim below is made on a voluntary basis. The five Veterans' Preference categories are listed below. If you select category 1, 2, or 4, this form will be kept confidential in accordance with the Americans with Disabilities Act (ADA).

- _____ 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. Department of Veterans' Affairs and the Department of Defense, or
- _____ 2. The spouse of a Veteran who cannot qualify for employment because of a total and permanent Disability or the spouse of a veteran missing in action, captured, or forcible detained 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,
- Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision of the state.
 - Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their Veteran's preference again with all employers covered by law.
 - Persons previously ineligible for preference because they did not serve duty and eligible wartime period may now be eligible for Veteran's Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 – present) or Operation Iraqi Freedom, or
- _____ 4. The un-married widow or widower of a Veteran who died of a service connected disability.
- _____ 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 Force Expeditionary Medal or Global War on Terrorism Expeditionary Medal, if otherwise eligible.

You must provide a DD-214 or comparable official document to serve as a certificate of release or discharge at the time of application. In addition, if you claim preference under categories 1, 2, or 4, above you must furnish documentation per Rule 55A-7.013, F.A.C. War periods are defined in Section 1.01, F.S. Under Florida Law, preference in appointment will be given by the state to those persons in categories 1 and 2 and then those in categories 3, 4, and 5. **You also must be a Florida resident to be eligible.**

If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint shall be filed within twenty-one (21) days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date of the date the application is filed with the employer if no notice is given.

The City of Avon Park Human Resources request that you submit:

- Original DD-214's and VA Award Letters (as applicable); or
- Photocopies that are certified by a VA official or Veterans Services Office as true copies of the original, or
- Photocopies certified by a notary public as true copies of the original document.

Non-certified photocopies may be submitted with the application; however if awarded an interview, original DD-214's and/or VA Award Letters must be presented to Human Resources for verification.

Brenda Sliva Human Resource Specialist 863-452-4405 bsliva@avonpark.cc