

City of Wauchula
126 S 7th Ave
Wauchula, FL 33873

APPLICATION For Employment



EQUAL EMPLOYMENT OPPORTUNITY

The City of Wauchula is committed to Equal Employment Opportunity. No applicant will be subjected to discrimination on the basis of, race, color, religion, creed, gender, national origin, age, disability, genetic information, marital status, veteran status, or any other legally protected status.

VETERANS PREFERENCE IN EMPLOYMENT AND RETENTION

The City provides preference to eligible veterans and family member in accordance with Florida's Veterans' Preference Law, Chapter 295 of the Florida Statutes

Are you claiming veterans' preference?.....Yes No

- A veteran with a 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.
- The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
- A veteran who has served on active duty at least one day during a war-time period, and separated with an honorable discharge.
- The unremarried widow or widower of a veteran who died of a service-connected disability.
- The mother, father, legal guardian, or unremarried widow or widower of a veteran who died in the line of duty under combat-related conditions, as verified by the Department of Defense.
- A veteran who has served in active duty (other than active duty for training) and who separated with an honorable discharge.
- A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

Branch of Service _____ Date of Entry _____ Date of Discharge _____

Documentation substantiating your claim for veterans' preference must be furnished at the time of application or be submitted prior to the application deadline date. Preference-eligible applicants who believe they have not been afforded preference in accordance with Florida law have the right to request an investigation by submitting a written request within 60 calendar days to the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, 9500 Bay Pines Blvd, Room 214, St Petersburg, Florida 33708.

Please fill out the application completely. **MAKE SURE YOU SIGN AND DATE THE APPLICATION**

(PLEASE PRINT)

Last Name	First Name	M.I.	
_____	_____	_____	
Street Address	City	State	Zip Code
_____	_____	_____	_____
Home Phone Number	Mobile/Other Phone Number	Best Time to Call	
_____	_____	_____	

Position you are applying for:	Date of Application
_____	_____
<input type="radio"/> Have you ever filed an application with the City of Wauchula before?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," give date(s) of application(s), and position(s) applied for: _____	
<input type="radio"/> Have you ever been employed with the City of Wauchula before?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," give date(s) and position(s): _____	
<input type="radio"/> Do you have any friends or relatives that work for the City of Wauchula?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," state name(s), relationship(s), and department(s): _____	
<input type="radio"/> Are you currently employed?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> Are you currently on lay-off from employment and subject to re-call?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> Are you eligible to work in this country?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of work eligibility will be required upon employment	
<input type="radio"/> Date available to begin work ____ / ____ / ____	Desired salary range? _____
<input type="radio"/> Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	If required, can you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> If required or directed, are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shift 1 2 3

Have you ever been discharged or asked to resign from employment? Yes No

(If yes, give details, including the name and address of the employer, and the reason you were given for the action.)

Do you agree that the reason given by the employer was valid? Yes No If not, please explain:

For driving positions: Are you a licensed Florida automobile operator or chauffeur? Yes No

License No: _____ Date of Expiration: _____ Restrictions: _____

EDUCATION

	Name of School, City, and State	Courses of Study/Major	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Trade School/Other				

WORK EXPERIENCE

Start with your present or last job. **Include any job-related military service assignments and volunteer activities.** You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. You may attach additional sheets if necessary.

Employer	Dates Employed		Work Performed	
	From	To		
Telephone			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Wage Information			
	Starting	Final		
Final Job Title			Reason for leaving?	
Employer	Dates Employed		Work Performed	
	From	To		
Telephone			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Wage Information			
	Starting	Final		
Final Job Title			Reason for leaving?	
Employer	Dates Employed		Work Performed	
	From	To		
Telephone			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Wage Information			
	Starting	Final		
Final Job Title			Reason for leaving?	
Employer	Dates Employed		Work Performed	
	From	To		
Telephone			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Wage Information			
	Starting	Final		
Final Job Title			Reason for leaving?	

PROFESSIONAL AND TRADE ASSOCIATIONS

List professional, trade, business, or civic activities in which you participated, and offices held.

SPECIALIZED SKILLS (Skills, Equipment Capabilities)

- Personal Computer Spreadsheets Word Processing Other Machinery and Equipment (Please List)
- Typewriter (WPM _____) Fax / Copier Shorthand (WPM _____) _____

What other specialized skills or qualifications do you have that you would like for us to consider?

PERSONAL / PROFESSIONAL REFERENCES *Do not include family members.*

Name	Phone Number	Occupation	Best Time to Call
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DRUG FREE WORKPLACE

The City's Drug-Free Workplace Policy is aimed at insuring zero tolerance to illegal drugs at all times and its alcohol-free policy to zero tolerance under circumstances that affect or might affect the safety and well being of employees, citizens and others, or the effective operation of City business.

Unless the law requires otherwise, the City will not hire an applicant who uses, possesses, sells, distributes or cultivates illegal controlled substances or whose use of alcohol will or may adversely affect the efficient operation of City business. To the extent allowed by applicable law, the City, at its option, may require successful completion of one or more drug screening tests as a condition of employment. Whenever applicants for employment are to be tested for the presence of illegal controlled substances, they shall be informed of the test in advance and in writing.

CERTIFICATION

I Certify that the answers given herein are true and complete. If I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that if I am hired, I am required to successfully complete a probationary period as established by the City's policy, practice, rules and regulations.

I understand that if I am hired I am required to abide by all policies, practices, rules and regulations of the City of Wauchula and that the failure to do so may result in discharge. I understand that the City's policies, practices, rules, and regulations do not constitute a contract of employment. I further understand that all policies, practices, rules and regulations of the City may be modified, supplemented, suspended, superseded, repealed, or deleted by the City at any time and for any reason, with or without notice to me.

I understand that if I am hired my employment relationship with the City is "at will," which means that I may resign at any time and the City may discharge me at any time with or without cause and with or without notice. This "at will" relationship may not be changed or modified for any reason unless specifically acknowledged in writing by the City Manager.

I understand that this employment application becomes the sole property of the City of Wauchula, is a public record, and may be inspected by any member of the public for any reason.

Print Name of Applicant _____

Signature of Applicant _____

Date: _____