

APPLICATION For Employment



EQUAL EMPLOYMENT OPPORTUNITY

The City of Wauchula considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

VETERANS PREFERENCE IN EMPLOYMENT AND RETENTION

The right to claim veterans' preference expires when an individual has been previously employed by any state or any agency of a political subdivision of any state. **Documentation substantiating your claim must be furnished at the time of application.**

Have you entered into covered employment by a covered employer before this application? Yes No

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. Veteran's Administration and the Department of Defense.
- 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 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 un-remarried widow or widower of a veteran who died of a service-connected disability.
- A veteran in receipt of any Armed Forces Expeditionary Medal

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

(PLEASE PRINT)

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

Position(s) you are applying for:	Date of Application
_____	_____
<input checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/> Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="radio"/> Are you currently on lay-off from employment and subject to re-call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="radio"/> Are you eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment</i>	
<input checked="" type="radio"/> Date available to begin work ____ / ____ / ____ Desired salary range? _____ Shift 1 2 3	
<input checked="" 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 checked="" type="radio"/> Are you a licensed Florida automobile operator or chauffeur? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Please fill out the application completely. **MAKE SURE YOU SIGN AND DATE THE APPLICATION.**

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

Name	Phone Number	Occupation	Best Time to Call

DRUG FREE WORKPLACE

The City's Drug-Free Workplace Policy is aimed at insuring "0" tolerance to illegal drugs at all times and its alcohol-free policy to "0" tolerance under circumstances that affect or might affect the safety and well being of employees, citizens and other, 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 has an alcohol-related problem that the City believes 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 (1) 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.

By completing this application, the applicant certifies that he/she has received advance, written notification of testing for illegal, controlled substances.

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, also, that I am required to abide by all rules and regulations of the City of Wauchula, and that 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. This "at will" relationship may not be changed or modified for any reason unless specifically acknowledged in writing by an authorized executive of the organization.

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: _____