



WINTER GARDEN • *A charming little city with a juicy past.*

EMPLOYMENT APPLICATION

NAME (LAST) (FIRST) (MIDDLE)
 PHONE () ALTERNATE PHONE ()
 ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)
 EMAIL

1. ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?
PROOF OF ELIGIBILITY WILL BE REQUIRED BEFORE YOU CAN BE EMPLOYED

2. HAVE YOU EVER BEEN EMPLOYED BY THE CITY?
IF YES, PLEASE PROVIDE DATES:

3. DO YOU HAVE RELATIVES EMPLOYED BY THE CITY?
IF YES, PROVIDE NAME & RELATIONSHIP:

4. ARE YOU ON "LAY-OFF" STATUS SUBJECT TO RECALL?

5. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME?
IF YES, PLEASE PROVIDE NAMES:

6. HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS IN THE PAST FIVE YEARS?
IF YES, PLEASE PROVIDE DATES, LOCATION AND DESCRIPTION OF EACH SUCH MOVING VIOLATION:

7. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL VIOLATIONS OF LAW?
FOR THE PURPOSE OF THIS QUESTION, A PLEA OF GUILTY, NO CONTEST, OR NOLO CONTENDERE, EVEN IF ADJUDICATION WAS WITHHELD, IS A CONVICTION. (A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU CANNOT BE APPOINTED):

8. HAVE YOU EVEN BEEN DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT?
IF YES, EXPLAIN FULLY EACH OCCASION OF DISCHARGE OR RESIGNATION. (ADDITIONAL PAGES MAY BE USED):

9. IF REQUIRED BY POSITION, DO YOU HAVE A VALID DRIVER'S LICENSE?

	YES	NO
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

HOW DID YOU LEARN ABOUT THIS POSITION?

AVAILABILITY:

FULL TIME PART-TIME TEMPORARY SUMMER

IF A JOB REQUIREMENT WHICH DAY/TIME WILL YOU BE AVAILABLE?

SATURDAY SUNDAY HOLIDAY NIGHTS

OVERTIME VARIOUS SHIFTS

POSITION DESIRED:

LOWEST ACCEPTABLE PAY:

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? (A DESCRIPTION OF THE ESSENTIAL FUNCTIONS CAN BE FOUND ON THE JOB DESCRIPTION.) YES NO

PROFESSIONAL LICENSES/CERTIFICATIONS

DRIVER'S LICENSE NUMBER:

CLASS (CHECK ONE)

A B C E

EXPIRATION DATE:

STATE ISSUED:

DATE:

LICENSES/CERTIFICATIONS:

SPECIFIC SKILLS

LIST VEHICLES/EQUIPMENT YOU CAN OPERATE:

PROGRAM	BEGINNER	INTERMEDIATE	ADVANCED
WORD			
EXCEL			
OUTLOOK			
ACCESS			
POWERPOINT			
OTHER			

TYPING SPEED:

OTHER PROGRAMS:

INDICATE ANY FOREIGN LANGUAGE ABILITIES:

LANGUAGE:				LANGUAGE:				LANGUAGE:			
SPEAK	FLUENT	GOOD	FAIR	SPEAK	FLUENT	GOOD	FAIR	SPEAK	FLUENT	GOOD	FAIR
READ	FLUENT	GOOD	FAIR	READ	FLUENT	GOOD	FAIR	READ	FLUENT	GOOD	FAIR
WRITE	FLUENT	GOOD	FAIR	WRITE	FLUENT	GOOD	FAIR	WRITE	FLUENT	GOOD	FAIR

EDUCATION AND TRAINING:

DO YOU HAVE A HIGH SCHOOL DIPLOMA? Yes No GED? Yes No

COLLEGES, UNIVERSITIES, MILITARY, TRADE, BUSINESS OR OTHER SCHOOLS ATTENDED					
NAME OF SCHOOL	LOCATION OF SCHOOL	COURSES OF STUDY (MAJOR)	CREDITS COMPLETED		SPECIFY DEGREE OR CERTIFICATE EARNED
			SEMESTER HOURS	QUARTER HOURS	

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

WORK HISTORY

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR CURRENT & PREVIOUS EMPLOYERS, GOING BACK AT LEAST 10 YEARS. (YOU MAY ALSO LIST ANY VOLUNTEER EXPERIENCE YOU HAVE HAD THAT RELATES TO THE JOB FOR WHICH YOU ARE APPLYING.) YOU MAY USE ADDITIONAL SHEETS IF YOU NEED MORE SPACE TO ANSWER QUESTIONS. YOU MUST ANSWER ALL QUESTIONS FOR YOUR APPLICATION TO BE CONSIDERED.

CURRENT OR PREVIOUS EMPLOYER:	FROM:	TO:
ADDRESS AND PHONE NO:		
JOB TITLE:		
DUTIES IN DETAIL:	F/T	P/T
	NUMBER OF HOURS:	
	HOURLY / ANNUAL SALARY:	

REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER? YES NO

CURRENT OR PREVIOUS EMPLOYER:	FROM:	TO:
ADDRESS AND PHONE NO:		
JOB TITLE:		
DUTIES IN DETAIL:	F/T	P/T
	NUMBER OF HOURS:	
	HOURLY / ANNUAL SALARY:	

REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER? YES NO

PREVIOUS EMPLOYER:	FROM:	TO:
ADDRESS AND PHONE NO:		
JOB TITLE:		
DUTIES IN DETAIL:	F/T	P/T
	NUMBER OF HOURS:	
	HOURLY / ANNUAL SALARY:	

REASON FOR LEAVING:

PREVIOUS EMPLOYER:	FROM:	TO:
ADDRESS AND PHONE NO:		
JOB TITLE:		
DUTIES IN DETAIL:	F/T	P/T
	NUMBER OF HOURS:	
	HOURLY / ANNUAL SALARY:	

REASON FOR LEAVING:

PREVIOUS EMPLOYER:	FROM:	TO:
ADDRESS AND PHONE NO:		
JOB TITLE:		
DUTIES IN DETAIL:	F/T	P/T
	NUMBER OF HOURS:	
	HOURLY / ANNUAL SALARY:	

REASON FOR LEAVING:

COMPLETE THIS SECTION ONLY IF YOU ARE CLAIMING VETERAN'S REFERENCE.

MILITARY SERVICE

RANK:

ACTIVE

RESERVE

CHECK THE APPROPRIATE BLOCK IF YOU ARE CLAIMING VETERAN'S PREFERENCE. DOCUMENTATION SUBSTANTIATING YOUR CLAIM MUST BE FURNISHED AT THE TIME OF APPLICATION, I.E., DD214, CERTIFICATE OF SERVICE RELATED DISABILITY, EVIDENCE OF MARRIAGE, ETC.

1. A VETERAN WITH A COMPENSABLE SERVICE-CONNECTED DISABILITY OR RECEIVING COMPENSATION, DISABILITY RETIREMENT BENEFITS OR PENSION UNDER PUBLIC LAWS ADMINISTERED BY THE U.S. VETERANS ADMINISTRATION AND THE DEPARTMENT OF DEFENSE, OR
2. THE SPOUSE OF A VETERAN WHO CANNOT QUALIFY FOR EMPLOYMENT BECAUSE OF TOTAL AND PERMANENT SERVICE CONNECTED DISABILITY, OR THE SPOUSE OF A PERSON MISSING IN ACTION, CAPTURED OR FORCIBLY DETAINED BY A FOREIGN POWER, OR
3. A VETERAN OF THE PERSIAN GULF WAR BEGINNING AUGUST 2,1990, WHO SERVED AT LEAST ONE DAY DURING A WARTIME PERIOD, OR
4. THE UNREMARRIED WIDOW OR WIDOWER OF A VETERAN WHO DIES OF A SERVICE CONNECTED DISABILITY.

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

NOTE: UNDER FLORIDA LAW, PREFERENCE IN APPOINTMENT AND EMPLOYMENT SHALL BE GIVEN, BY THE STATE AND ITS POLITICAL SUBDIVISION, FIRST TO THOSE PERSONS 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 FLORIDA DEPARTMENT OF VETERAN AFFAIRS, 11351 ULMERTON ROAD, LARGO, FL 33778. THE COMPLAINT MUST BE FILED WITHIN 21 CALENDAR DAYS OF THE APPLICANT RECEIVING NOTICE OF THE HIRING DECISION MADE BY THE EMPLOYING AGENCY OR WITHIN THREE MONTHS OF THE DATE THE APPLICATION IS FILED WITH THE EMPLOYER, IF NO NOTICE IS GIVEN.

CERTIFICATION:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT, OMISSION OR FALSIFICATION OF FACTS SHALL CAUSE FORFEITURE OF ALL RIGHTS TO EMPLOYMENT WITH THE CITY OF WINTER GARDEN. THE CITY OF WINTER GARDEN IS AUTHORIZED TO VERIFY ANY OR ALL INFORMATION CONTAINED HEREIN. I UNDERSTAND THAT EMPLOYMENT WITH THE CITY WILL BE CONDITIONED UPON A FAVORABLE PRE-EMPLOYMENT MEDICAL EXAMINATION AND DRUG SCREEN. SUCH FUTURE EXAMINATIONS AS REQUIRED WHICH ARE CONDUCTED BY A DOCTOR SELECTED AND PAID FOR BY THE CITY. I UNDERSTAND THAT THE USE OF NARCOTICS AND ALCOHOL IS STRICTLY PROHIBITED AT THE CITY. I UNDERSTAND THAT IF THE CITY HAS A REASONABLE SUSPICION TO BELIEVE THAT I AM UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, NARCOTICS AND/OR NON-PRESCRIBED DRUGS, OR IF I AM INVOLVED IN A SERIOUS ACCIDENT, THAT I MAY BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND/OR DRUG SCREEN TEST (BLOOD OR URINALYSIS) TO BE PERFORMED BY A DULY LICENSED MEDICAL DOCTOR OR FACILITY. I ALSO UNDERSTAND THAT REFUSAL TO TAKE SUCH A TEST WILL RESULT IN IMMEDIATE SUSPENSION OR DISCHARGE OF MY EMPLOYMENT. I UNDERSTAND THAT THIS APPLICATION MAY BE SUBJECT TO PUBLIC INSPECTION IN ACCORDANCE WITH THE FLORIDA PUBLIC RECORDS LAW, CHAPTER 119, FLORIDA STATUTE. I CERTIFY I HAVE READ THE ABOVE STATEMENT.

THE CITY OF WINTER GARDEN IS AN EQUAL OPPORTUNITY EMPLOYER IN COMPLIANCE WITH LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AGE, MARITAL STATUS, RELIGION, NATIONAL ORIGIN OR DISABILITY.

SIGNATURE: _____ DATE: _____

IN CASE OF EMERGENCY NOTIFY (NAME, RELATIONSHIP, ADDRESS, PHONE NUMBER):