

	No	Yes	Give Details
Do you have a valid Florida driver license?			License Class: _____ License Number: _____ Expiration Date: _____
Have you had one or more chargeable motor vehicle crashes or code violations (i.e. speeding ticket, seat belt violation, etc.) within the past three years?			If yes, complete the chart below.

	Date of Incident	Nature of Violation/Charge	City/County/State	Action Taken
1.				
2.				
3.				
4.				

Level of Education	School Name/Location	Dates Attended	Course of Study	Years/ Credits Completed	Degree/Diploma Received		
					No	Yes	Date
G.E.D.							
High School							
Trade School							
College/ University							
List other education or special courses taken; include total hours and the training provider/sponsor name.							

Certification/License Type	Are you certified or licensed?		Issued in/by Which State	Date Issued (Mo./Yr.)	Expiration Date (Mo./Yr.)
	No	Yes			
Building Inspector					
Code Enforcement – Level I, II or III					
Emergency Medical Technician (EMT)					
Firefighter Minimum Standards					
Lifeguard					
Paramedic					
Police Officer Minimum Standards					
Wastewater Treatment Operator A, B or C					
Water Treatment Operator A, B or C					
Water Safety Instructor (WSI)					
Other:					

Employment History

(Begin with present employer and list all jobs held since you started working.)

<p>1. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>2. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>3. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>4. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>

<p>5. Co. Name: _____</p> <p>Address: _____</p> <p>Telephone Number: _____</p> <p>Supervisor Name: _____</p> <p>Reason for leaving: _____</p> <p>_____</p>	<p>Employed: From: _____ To: _____</p> <p>Pay Rate: Start: _____ End: _____</p> <p>Job Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p>
<p>6. Co. Name: _____</p> <p>Address: _____</p> <p>Telephone Number: _____</p> <p>Supervisor Name: _____</p> <p>Reason for leaving: _____</p> <p>_____</p>	<p>Employed: From: _____ To: _____</p> <p>Pay Rate: Start: _____ End: _____</p> <p>Job Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p>
<p><i>(Attach additional sheet if necessary.)</i></p>	
<p>Note: Employers listed above will be contacted, unless you indicate otherwise. Please specify which employer, if any, you prefer not be contacted and state the reason why.</p> <p>Do not contact: Employer Number(s) _____ Reason: _____</p>	

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law, personnel policy or regulations. I voluntarily give the City of Winter Haven Human Resources' Office , or its duly authorized representative, the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I further release from all liability and responsibility any and all persons, companies or corporations supplying such information.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE
(For Human Resources' Office Use Only)

**Equal Employment Opportunity
Applicant Statistical Information**

The information requested below is used for EEO purposes only and NOT to evaluate your application for employment with the City of Winter Haven. Completion of this form by you is strictly voluntary. You are not legally required to supply this information; however, your assistance in doing is appreciated. Thank you.

Date _____	Position Applied For _____
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Gender	<input type="checkbox"/>	Female
	<input type="checkbox"/>	Male

Age Group	<input type="checkbox"/>	16-22
	<input type="checkbox"/>	23-39
	<input type="checkbox"/>	40-70
	<input type="checkbox"/>	Over 70

Race Ethnic Origin	<input type="checkbox"/>	White, Non-Hispanic or Latino
	<input type="checkbox"/>	Black or Black and White, Non-Hispanic or Latino
	<input type="checkbox"/>	Hispanic or Latino
	<input type="checkbox"/>	Asian or Asian and White, Non-Hispanic or Latino
	<input type="checkbox"/>	American Indian/Alaskan Native, Non-Hispanic or Latino
	<input type="checkbox"/>	Native Hawaiian-Other Pacific Islander, Non-Hispanic or Latino
	<input type="checkbox"/>	Balance 2+ Races Non-Hispanic or Latino

Disabled	<input type="checkbox"/>	No	Description of Disability _____
	<input type="checkbox"/>	Yes	

Military Status	<input type="checkbox"/>	Non-Veteran	Actively Served During (Circle Applicable)	
	<input type="checkbox"/>	Veteran	WWII/Korea	Persian Gulf
	<input type="checkbox"/>	Disabled Veteran	Vietnam	Iraq/Afghanistan Operation Enduring Freedom

How did you learn of the position you are applying for?			
<input type="checkbox"/>	Walk-in, general job search	<input type="checkbox"/>	Winter Haven News Chief
<input type="checkbox"/>	Search firm or employment agency	<input type="checkbox"/>	The Ledger
<input type="checkbox"/>	Civic/professional organization	<input type="checkbox"/>	Other Newspaper
<input type="checkbox"/>	Internet/City web page	<input type="checkbox"/>	Magazine/Publication
<input type="checkbox"/>	City of Winter Haven Employee	<input type="checkbox"/>	Word of Mouth
<input type="checkbox"/>	College: _____	<input type="checkbox"/>	Other: _____