

Position(s) Applying For: _____

How did you learn of this employment opportunity? _____ Newspaper _____ Radio
 _____ City Website _____ City Employee
 _____ Other: _____

Applicant Name: _____
 (Last) (First) (Middle Name)

Social Security Number*: _____
**In accord with Resolution R-08-06, this information is collected and solely used by the City of Winter Haven for identity verification and service, security background checks.*

Address: _____
 (Number) (Street) (City) (State) (Zip)

Home Phone: () _____ Alternate Phone: () _____ Email: _____

	No	Yes	Give Details
Are you at least 18 years of age?			
Are you legally authorized to work in the U.S.?			<i>Note: Employment is subject to verification of minimum legal age and the provision of documentation to confirm U.S. work authorization.</i>
Have you ever served in the U.S. Armed Forces?			Branch: _____ Entry Date: _____ Discharge Date: _____ Discharge Type: _____
Are you claiming veteran's employment preference?			If yes, file documentation with application.
Have you ever been employed in a position for which you have claimed veteran's preference after 10/01/1987?			Employer Name: _____ Date Preference Claimed: _____
Have you ever been employed by the City of Winter Haven?			When: _____ Where: _____
Have you ever been dismissed from a job for inefficiency, delinquency, misconduct or any other reason?			When: _____ Describe circumstances: _____ _____
Have you ever been formally or informally accused of unlawful harassment or discrimination?			When: _____ Describe circumstances: _____ _____ _____
Are you now under charges for any offense against the law?			Describe charges: _____ _____
Have you <u>EVER</u> at any time had adjudication withheld, plead guilty, no contest or been convicted of <u>ANY</u> offense against the law?			Describe circumstances: _____ _____ <i>Note: A conviction is not necessarily a disqualifying factor; truthfully give all facts so a decision can be made.</i>
Have you ever been a defendant in a civil action for an intentional tort?			Explain: _____ _____

	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: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>6. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</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)

**City of Winter Haven
Equal Employment Opportunity
Applicant Statistical Information**

The information requested below is used for statistical 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 so is appreciated. Thank you.

Date <hr style="width: 80%; margin: 5px auto;"/>	Position Applied For <hr style="width: 80%; margin: 5px auto;"/>
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Gender		Female
		Male

Age Group		16 – 22
		23 – 39
		40 – 70
		Over 70

Race Ethnic Origin		White, Non-Hispanic or Latino
		Black or Black and White, Non-Hispanic or Latino
		Hispanic or Latino
		Asian or Asian and White, Non-Hispanic or Latino
		American Indian/Alaskan Native, Non-Hispanic or Latino
		Native Hawaiian-Other Pacific Islander, Non-Hispanic or Latino
		Balance 2+ Races, Non-Hispanic or Latino

Disabled		No	Description of Disability <hr style="width: 80%; margin: 5px auto;"/>
		Yes	

Military Status		Non-Veteran	Actively Served During (Circle Applicable)	
		Veteran	WWII/Korea	Persian Gulf
		Disabled Veteran	Vietnam	Other

How did you learn of the position you are applying for?		
	Walk-in, General Job Search	Winter Haven News Chief
	Search Firm or Employment Agency	The Lakeland Ledger
	Civic/Professional Organization	Other Newspaper
	Internet/City Web Site	Magazine/Publication
	City of Winter Haven Employee	Word of Mouth
	College or University: <hr style="width: 80%; margin: 5px auto;"/>	Other: <hr style="width: 80%; margin: 5px auto;"/>