

FOR HR DEPT USE ONLY:

Application #: \_\_\_\_\_

Date Received: \_\_\_\_\_



# City of Haines City

502 E. Hinson Avenue

P.O. Box 1507

Haines City, FL 33845-1507

Telephone: 863-421-9927 Job Line: 863-421-9928 Fax: 863-421-9953

**The City of Haines City is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, creed, national origin, veteran status or any other legally protected status. The City of Haines City is a Drug-Free Workplace. Applicants who successfully complete the initial screening process will be required to do a pre-employment drug screen and physical.**

**INSTRUCTIONS: PLEASE PRINT OR TYPE ALL INFORMATION.**

The application must be filled out accurately and completely. Do not leave any items blank. If an item does not apply, indicate by N/A (not applicable). If you need additional space to answer a question fully, you may include additional sheets of paper. Resumes **may not** substitute for the complete application. You must attach copies of documents or certificates which support your application for your application to be considered complete. All materials submitted become the property of the City and will not be returned. All statements made on the application are subject to verification. A separate application must be completed for each position applied for.

POSITION APPLIED FOR: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
(MUST BE A CURRENTLY OPEN POSITION)

APPLYING FOR: \_\_\_ FULL TIME \_\_\_ PART TIME \_\_\_ TEMPORARY \_\_\_ SEASONAL

MINIMUM SALARY REQUIREMENT: \_\_\_\_\_

DATE AVAILABLE TO BEGIN WORK: \_\_\_\_\_

### HOW MAY WE CONTACT YOU?

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at above address? \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

May we contact you at work? \_\_\_ Yes \_\_\_ No

If yes, please provide work phone number: \_\_\_\_\_

What is the best time to contact you at work? \_\_\_\_\_ At home? \_\_\_\_\_

### ELIGIBILITY TO WORK

Are you over 18 years of age? \_\_\_ Yes \_\_\_ No

Are you legally authorized to work in the United States? \_\_\_ Yes \_\_\_ No

List Alien Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(You will be required to provide proof of identity and/or authorization to work in the U.S. upon offer of employment.)**

**DRIVING HISTORY**

Do you have a valid driver's license? \_\_\_Yes \_\_\_No State Issued:\_\_\_\_\_ Class: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Has your license ever been suspended or revoked? \_\_\_Yes \_\_\_No  
 If yes, please provide dates and explain: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Since your 18<sup>th</sup> birthday, have you ever been convicted of any crime (excluding minor traffic violations)? \_\_\_Yes \_\_\_No  
 If yes, briefly describe the circumstances of your conviction, indicating date, nature and disposition of case? \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: A conviction will not necessarily disqualify you from employment. The nature, job relatedness, severity and date of the offense are considered.**

Have you ever been employed by the City of Haines City? \_\_\_Yes \_\_\_No  
 If so, when? \_\_\_\_\_ Department? \_\_\_\_\_  
 Are you related to anyone employed with the City of Haines City? \_\_\_Yes \_\_\_No  
 If yes, state name, relationship and department: \_\_\_\_\_  
 Have you ever been fired or forced to resign? \_\_\_Yes \_\_\_No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

School	Name and Address of School	Course of Study	Did you graduate?	Diploma/Degree Earned
High School GED Issuing Agency			___Yes ___No	
Jr. College, Technical, Vocational			___Yes ___No	
College			___Yes ___No	
Graduate			___Yes ___No	

**WORK EXPERIENCE**

Please complete employment history in detail. A resume may be attached but **will not** be accepted in place of this information. Please account for the last 10 years of employment. List names of employers in consecutive order beginning with your present or last employer. Account for all periods of time including military service and periods of unemployment.

May we contact your present employer regarding your record of employment? \_\_\_Yes \_\_\_No

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_  
 Major Duties: \_\_\_\_\_

Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**WORK EXPERIENCE**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Major Duties: \_\_\_\_\_

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Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**SPECIAL SKILLS**

Describe any specialized training, apprenticeships, skills and extra-curricular activities:

\_\_\_\_\_  
\_\_\_\_\_

Have you had any computer or word processing experience or training? \_\_\_Yes \_\_\_No

List typing speed: \_\_\_\_\_ Last Date Tested: \_\_\_\_\_



## VETERANS PREFERENCE INFORMATION

Completion of the Veterans Preference section is made on a **VOLUNTARY** basis and kept confidential in accordance with the Americans with Disabilities Act. Complete **ONLY** if claiming veteran's preference.

Are you presently or have you ever been a member of the U.S. military? \_\_\_ Yes \_\_\_ No

If yes, Branch of

Service: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Rank: \_\_\_\_\_ Specialty: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ % of Disability Rating if any: \_\_\_\_\_

Check appropriate item to claim Veteran's Preference. A DD214 or comparable document which serves as a certificate of release or discharge claim must be furnished at the time of application.

\_\_\_ 1. Are you a veteran entitled to disability compensation under the laws administered by the U.S. Veterans Administration for a disability of 30% or more; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans Administration and the Department of Defense?

\_\_\_ 2. Are you 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?

\_\_\_ 3. Are you a veteran of any war who has served on active duty for at least one (1) day during a wartime period, excluding active duty training, and who was discharged under honorable conditions from the Armed Forces of the United States of America?

\_\_\_ 4. Are you the un-remarried widow or widower of a veteran who died of a service-connected disability?

Have you claimed and been employed through veterans preference since 10/1/1987? \_\_\_ Yes \_\_\_ No

If yes, give name of employer: \_\_\_\_\_

Have you ever been employed by any governmental entity within the State of Florida? \_\_\_ Yes \_\_\_ No

Are you a resident of the State of Florida? \_\_\_ Yes \_\_\_ No (Veterans Preference is only available to Florida residents.)

Are you claiming Veteran's Preference points? \_\_\_ Yes \_\_\_ No

**NOTE:** Under Florida Law, preference in appointment and employment shall be given, by state and its political subdivisions, first to those persons included in items 1 & 2 above; and second to those persons included under items 3 & 4 above. If any applicant claiming veterans preference for a vacant position is not selected for the position they may file a complaint with the Department of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of hiring decision is not given, a complaint may be filed at any time.

**EEO SURVEY**

**PLEASE NOTE: COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY.**

Applicants are assessed for those qualifications directly related to the job applied for without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability. However, this information is required by the Federal Government and is gathered for statistical purposes only. This form will be detached from your application and will be kept separate and confidential. This form is not used in the employment selection process.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip

Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race: (Check Only One)

White  Black or African-American  Asian /Pacific Islander  Hispanic

American Indian/Alaskan Native  Other (Please Specify) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Walk-in/City Bulletin Board  City Employee \_\_\_\_\_

City of Haines City Website  Professional Publication \_\_\_\_\_

Lakeland Ledger  School Placement

Orlando Sentinel  Other \_\_\_\_\_



## APPLICATION CHECKLIST

Thank you for your interest in career opportunities with the City of Haines City. Before submitting your application to Human Resources, please be sure to read the instructions below. Incomplete applications will be automatically disqualified during the eligibility process. Please attach a legible copy of the following to your completed City of Haines City application; please do not submit original documents:

- Proof of highest education level  
(e.g., High School diploma/GED, College transcripts or degree)
- Copy of licenses and certifications
- Copy of DD214 (if claiming Veterans' Preference)
- Copy of Valid Florida Driver's license

We appreciate your adherence to these guidelines and look forward to processing your application. If you have any questions, please call 863-421-9929 and we will be happy to assist you.