



CITY OF GREENACRES
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Human Resources
5800 Melaleuca Lane
Greenacres, FL 33463-3515

INSTRUCTIONS: Please type or print the application in ink. **ANSWER ALL QUESTIONS.** If a question does not apply, write "Not Applicable" or "N/A." You may include a resume or other job-related documentation as a supplement to this application. However, you must provide all information requested in the application. If additional space is needed, please use a blank sheet of paper, and be sure to include your name on each additional sheet.

Position Applied For: _____

Last Name: _____ First name: _____ MI: _____

Mailing Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Home Phone: _____ Other Phone: _____

How Did You Hear About This Position? _____ Maiden Name/Alias: _____

EDUCATION: (Please attach copies of degrees, certifications, etc.)

NAME AND LOCATION OF INSTITUTION	MAJOR/ COURSE OF STUDY	DEGREE RECEIVED	DID YOU GRADUATE?	
HIGH SCHOOL:			Diploma	Yes <input type="checkbox"/> No <input type="checkbox"/>
			G.E.D.	Yes <input type="checkbox"/> No <input type="checkbox"/>
COLLEGE/UNIVERSITY:			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER EDUCATION/TRAINING:			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

BACKGROUND INFORMATION:

Are you a citizen of the U.S.? Yes No . If "No," do you possess one of the following: An I-151 card, I-551 card, I-94 card stamped "Employment Authorized," or any other proof of employment authorization from the Immigration and Naturalization Service? Yes No . If yes, please attach copy of documents.

Have you ever been convicted of a felony or first-degree misdemeanor, pled "Nolo Contendere," or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes No

If yes, please give dates, city and state, charges, and disposition of the case:

DRIVER'S LICENSE INFORMATION:

State of Issuance: _____ Driver's License Number: _____ Expiration Date: _____

Driver's License Type: A B C D E Endorsement(s): N P

MILITARY/VETERANS' PREFERENCE:

Are you now or have you ever been a member of any branch of the military service, Reserves or National Guard? Yes No . (If yes, complete the remainder of this section. If no, please skip to the next section).

Branch:	Dates of Service: Month/Year	Type of Discharge:
	From: To:	

Were you ever the subject of disciplinary action? YES NO . (If yes, provide the date, details of the offense and type of disciplinary action:

Are you claiming Veterans' Preference for the position in which you are applying? YES NO . If yes, check the appropriate box below AND provide a clear copy of your DD214 to substantiate your claim. The DD214 must be furnished at the time of application. Police and Fire applicants must submit a DD214 for EACH tour of duty.

- 1. 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. Veterans Administration and the Department of Defense, or
- 2. The spouse of 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 or interned by a foreign power, or
- 3. A veteran of any war*, who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. 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 OCTOBER 1, 1987? YES NO . IF YES, NAME OF EMPLOYER: _____

*NOTE: Under Florida Law, preference in appointment shall be given for covered City positions, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the position, a complaint may be filed with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days from the date the applicant received notice that a hiring decision was made by the employing agency or within 3 months of the date the application is filed with the employer, if no notice is given.

PUBLIC RECORDS

Florida Statute, Chapter 119.07(1) provides an exemption from public inspection of the records of individuals in specified positions. Do you and/or a family member qualify for such exemption? YES NO .

Have you ever worked for the City of Greenacres: YES NO If yes, please state:

Employment Dates: _____ Department(s): _____

Do you have any relative(s), either by blood or by marriage, who is/are employed by the City of Greenacres? YES NO . Relatives include: Father, Mother, Son, Daughter, Brother, Sister, Uncle, Aunt, First Cousin, Nephew, Niece, Husband, Wife, Father-In-Law, Mother-In-Law, Son-In-Law, Daughter-In-Law, Brother-In-Law, Sister-In-Law, Stepfather, Stepmother, Stepson, Stepdaughter, Stepbrother, Stepsister, Half Brother, or Half Sister. If so, please list below:

NAME	RELATIONSHIP	DEPARTMENT EMPLOYED

EMPLOYMENT HISTORY: Beginning with the most recent employer, please list all full and part-time paid work experience for at least the last 10 years, if applicable. Significant changes in duties or job titles with the same employer should be listed as separate positions. Use additional sheets if necessary. **All requested information must be included below; resumes may not substitute for any information requested on this application.**

Name of Employer: _____ Phone #: _____
Address: _____ City/State/Zip: _____
Job Title: _____ Supervisor: _____
From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Reason for Leaving: _____

May We Contact Your Current Employer? Yes No

Name of Employer: _____ Phone #: _____
Address: _____ City/State/Zip: _____
Job Title: _____ Supervisor: _____
From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Reason for Leaving: _____

Name of Employer: _____ Phone #: _____
Address: _____ City/State/Zip: _____
Job Title: _____ Supervisor: _____
From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Reason for Leaving: _____

Name of Employer: _____ Phone #: _____
Address: _____ City/State/Zip: _____
Job Title: _____ Supervisor: _____
From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Reason for Leaving: _____

List All Periods of Unemployment and Any Relevant Volunteer Work in the Past 10 Years

From		To		Description of Activities and/or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

PROFESSIONAL REFERENCES:

List three professional references that can attest to your character, ability, etc. Please give complete addresses and phone numbers (including City, State, Zip Code, and Area Code). **Do not include relatives.**

- Name: _____ Occupation: _____
Address: _____ Phone No.: _____
- Name: _____ Occupation: _____
Address: _____ Phone No.: _____
- Name: _____ Occupation: _____
Address: _____ Phone No.: _____

APPLICANT'S STATEMENT

I understand that the City of Greenacres is an Equal Opportunity Employer and does not discriminate in employment or in any Personnel action, and that no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by law.

I understand that the City of Greenacres, is in no way obligated to provide employment, nor am I obligated to accept employment.

I understand that this application will remain in the City's active file for one (1) year, and that I am responsible for updating my application, including any changes in my address, phone number, employment history, etc.

I agree to voluntarily consent to any lawfully administered post-offer physical examination, drug and alcohol screening, and, for safety-sensitive positions, post-offer polygraph and psychological evaluation.

I understand that should I become an employee, that upon termination of employment, I will return all City-owned property issued to me by the City of Greenacres.

APPLICANT CERTIFICATION: I have read and understand all the instructions and certify that all answers and statements on this application are true to the best of my knowledge. I understand that falsification of information on this application, related employment papers, and during all interviews may result in rejection of my application and, if employed, may result in disciplinary action up to and including termination of my employment.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

"The City of Greenacres is an Equal Opportunity Employer and prohibits employment discrimination on the basis of race, color, religion, national origin, sex, age, marital status, equal pay, any qualifying disability and genetic information". In accordance with the guidelines set forth in the Americans with Disabilities Act of 1990, employment applicants in need of assistance or special accommodation to apply for a position must inform the Human Resources Division.



CITY OF GREENACRES

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Authorized Representative of any Organization, Institution, or Repository of Records

APPLICANT'S FULL NAME: _____

I respectfully request and authorize you to furnish the CITY OF GREENACRES all information requested by them concerning any records to be used to assist the CITY in conducting a background investigation to determine my qualifications for the position I am applying for.

I hereby release you, your organization, the City of Greenacres or others from any liability or damage that may result from furnishing the information requested above.

Applicant's Signature: _____ Date: _____

Address

City

State

Zip

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ this _____ day of _____, 20____, who said that he/she executed the above document of his/her own free will and accord, with full knowledge of the purpose therefore.

He/she is personally known to me or has produced _____ as identification.

NOTARY PUBLIC, STATE OF FLORIDA

Seal

NOTARY NAME; TYPED, PRINTED OR STAMPED



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
STATEMENT OF PREVIOUS CHILDCARE EMPLOYMENT
(To be completed by Leisure Services applicants only)**

Name of applicant: _____

Name of previous childcare facility(ies): _____

I, _____, attest under penalty of perjury, that I have never had a license denied, revoked, or suspended in any state or jurisdiction or have been the subject of a disciplinary action or been fined while being an owner, operator or employee of a facility(ies) providing child care. I have never worked in a facility(ies) that has had a license denied, revoked, or suspended in any state or jurisdiction or that has been the subject of a disciplinary action, nor been fined while employed in a child care facility.

Signature

Position at previous facilities

Date

Please explain if you are unable to attest to the above.

