



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

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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

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Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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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.**

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

3. 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, 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