



EMPLOYMENT APPLICATION

Date: _____

Job Title: _____

PLEASE PRINT LEGIBLY IN INK OR TYPE
Information contained in this application will be verified.

Name _____ SS# _____

Street Address: _____ City _____ St _____ Zip _____

Mailing Address: _____ City _____ St _____ Zip _____

Telephone Number: Home (____) _____ Business (____) _____

Notice Regarding the Collection of Social Security Numbers: The City of Tarpon Springs collects your social security number for the following purposes: identification and verification; classification of accounts; credit worthiness; billing and payments; data collection; reconciliation; tracking; benefit processing; tax reporting; federal reporting requirements; workers' compensation; employment applications; pre-employment physicals; and utility billing. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

Date available to begin work _____ Minimum Salary Expected _____

Are you legally eligible to work in the United States
 Yes (proof is required upon employment) No

Are you available to work?
 Full-time Part-time Temporary Shift work Evening Weekend Holiday

Have you ever been employed by the City of Tarpon Springs? No Yes If yes, when? _____
 Position? _____ Reason for Leaving? _____

Do you have any relatives who are employees of the City of Tarpon Springs? Yes No
 If yes, list names and relationship _____

Do you have a valid driver's license? Yes No Expiration Date: _____ State: _____

Class of License: Operator "E" Operator "D" Restricted CDL ___A___B___C

Please list endorsements, if any _____

Has your license ever been revoked or suspended? _____ If yes, when and for what reason? _____

IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES A DRIVER'S LICENSE, YOU MUST OBTAIN A STATE OF FLORIDA LICENSE PRIOR TO HIRE

Circle the last grade completed: Elementary High School High School Diploma/GED
 4 5 6 7 8 9 10 11 12 Yes No

Location of last grade school or high school attended _____
 City, State _____

Name and locations of Colleges/Universities	Dates Attended	GPA	Major/Minor Area of Study	Type of Degree	Date of Degree
	From _____ To _____				
	From _____ To _____				
	From _____ To _____				

Occupational Licenses or Certificates _____

Special Training (business, trade, vocational, armed forces, etc.) _____

Machines and/or equipment operated _____

Typing speed: _____ WPM

THIS SECTION MUST BE COMPLETED EVEN THOUGH YOU MAY HAVE A RESUME

Complete all information requested. Begin with your most recent job. List each job separately.
List all jobs, military service, and any period(s) of unemployment.
If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.
If you have been employed under any other name(s) list name(s) by each employer, as applicable.

Employer: _____	Job Title: _____
Street Address: _____	Start Date: _____ Last Date: _____
City/State/Zip: _____	Start Salary: _____ Last Salary: _____
Telephone Number: () _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific duties and responsibilities: _____	

Reason for leaving: _____	
May we contact your present employer regarding your employment record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Job Title: _____
Street Address: _____	Start Date: _____ Last Date: _____
City/State/Zip: _____	Start Salary: _____ Last Salary: _____
Telephone Number: () _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific duties and responsibilities: _____	

Reason for leaving: _____	

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Reason for leaving: _____	

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City/State/Zip: _____	Start Salary: _____ Last Salary: _____
Telephone Number: () _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific duties and responsibilities: _____	

Reason for leaving: _____	

State any additional information that may be helpful to us in considering your application.

Include membership(s) professional, job related organizations and office(s) held.

List three references, not related to you, whom you have known for at least one year.

Do not list anyone we cannot contact immediately.

NAME	ADDRESS	TELEPHONE #	YEARS ACQUAINTED

Do you have any impairment which could affect your ability to perform the essential functions of the position which you are applying?

No Yes, please explain _____

What accommodations would you require in order to perform the essential functions of the position your are applying for?

None The following: _____

CONSENT FOR MEDICAL TESTING:

As a condition of employment with the City of Tarpon Springs, I understand that I will have to successfully complete a physical examination administered by an authorized physician who will determine my physical qualifications for this position.

As part of my post-offer physical, I voluntarily consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the City of Tarpon Springs to be used to determine and evaluate substances in my system, and to the release of the test results to the City of Tarpon Springs hiring authorities. Furthermore, the City of Tarpon Springs will pay the cost of my post-offer physical examination.

I understand that should be employed, falsification of any portion of this application or any statement made during the interview process or to a designated medical facility or omission of relevant information is grounds for dismissal.

My signature below acknowledges that I have read and I understand the foregoing statements and this consent was freely and knowingly given.

SIGNATURE: _____

DATE: _____

Do you request Veteran's Preference consideration?

No

Yes

If Yes, A copy of your DD214 must accompany this application in compliance with Federal guidelines

Please designate the basis for your preference below.

- As a Veteran with a compensable 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.
- As 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 by a foreign power.
- As a Veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.
- As the unremarried spouse of a Veteran killed in action, or who died of a service-connected disability.

Branch of Service _____ Date of Entry _____ Date of Discharge _____

Have you been employed through Veteran's Preference since October 1, 1987? No Yes

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295.08 may file a complaint with the THE DIVISION OF VETERAN'S AFFAIRS (P.O. Box 31003, St. Petersburg, FL 33731) within 21 calendar days from the date of notice of hiring decision.

POLICE AND DRIVING RECORDS WILL BE CHECKED

Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? _____ If yes, describe the offense, date(s), charge(s), location(s), disposition(s), and court(s). (Include jail or prison sentence(s), suspended sentence(s), probation(s) served, and conviction(s) incurred.)

Information concerning convictions will not necessarily disqualify an applicant unless the conviction record indicates that the applicant would not be suitable or desirable for employment in a particular position. An applicant who falsifies the application by failing to give required information concerning convictions will, if employed, be subject to dismissal.

Have you ever been refused a Surety Bond? _____

CERTIFICATION MUST BE SIGNED - PLEASE READ CAREFULLY

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the City of Tarpon Springs to verify all information contained herein, and I release all past employers and all references from any and all liability for the release of information to the City of Tarpon Springs.

I further agree and consent in advance to being summarily discharged if any of the information provided by me contains any misrepresentations or falsifications, or if any material information has been omitted.

Signature _____

Date _____

The City of Tarpon Springs, Florida is an Equal Opportunity Employer, Qualified applicants are considered for employment and treated without regard to Race, Color, Religion, Sex, National Origin, Age, Handicap, Marital or Veteran Status (except if eligible for Veteran's Preference). **DRUGFREE WORKPLACE**