

APPLICATION FOR EMPLOYMENT WITH THE CITY OF EDGEWATER

The City of Edgewater is an Equal Opportunity Employer and will not discriminate against any person because of race, color, religion, creed, gender, age, national origin, disability, Veteran or marital status, or other legally protected status.

PLEASE PRINT

Position(s) Applied for: _____ **Date of Application** _____

How did you learn about us? (Please circle one)

<input type="checkbox"/> City Web Site	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name _____ **First Name** _____ **Middle Name** _____

Address _____ **Number** _____ **Street** _____ **City** _____ **State** _____ **Zip Code** _____

Telephone Number (s): _____ **Email Address:** _____

Have you ever filed an application with us before? Yes No **If yes, give date** _____

Have you ever been employed with us before? Yes No **If yes, give date** _____

Do any of your relatives work here? Yes No **If yes, list name and your relationship** _____

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you lawfully eligible to work in the United States? Yes No

Have you been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

EDUCATION/ SPECIALIZED TRAINING

Name and Address of School	Years Completed	Diploma Degree
Elementary School		
High School		
Graduate Professional		
Other (Specify)		

Describe any specialized education, training, apprenticeship, and/or skills.

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Check Skills/Equipment Operated

<input type="checkbox"/> Copier	<input type="checkbox"/> Fax	<input type="checkbox"/> Typewriter
<input type="checkbox"/> Calculator	<input type="checkbox"/> Multi-line Telephone	<input type="checkbox"/> CRT
<input type="checkbox"/> PC/ Software applications (list): _____		Other (list): _____

Driver's License # _____ Expiration Date: _____
CDL/ Type: _____ Operators _____

MILITARY SERVICE RECORD

It is City policy to give preference to eligible veterans and spouses of veterans in accordance with Chapter 295, Florida Statutes.

Were you in the U.S. Armed Forces? _____ Yes _____ No If yes, list any job related training

Are you claiming Veteran's Preference as a:

- _____ Disabled veteran
- _____ Spouse of totally disabled veteran or who is MIA
- _____ Veteran of any war
- _____ Unremarried widow or widower of a veteran who died of a service-connected disability

Have you claimed Veteran's Preference since October 1, 1987? _____ Yes _____ No

The applicant claiming preference is responsible for providing the required documentation when submitting their application.

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB.

Employer	Dates Employed From To	Work Performed
Address		
Employer	Dates Employed From To	Work Performed
Address		
Employer	Dates Employed From To	Work Performed
Address		
Employer	Dates Employed From To	Work Performed
Address		

REFERENCES

1.	()
Name	Phone
Address	
2.	()
Name	Phone
Address	

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that any false answers or statements made by me on this application or any supplement thereto, or any false statement made to any representative of the City of Edgewater during the interview process, will be sufficient grounds for immediate discharge, no matter when discovered.

I understand and agree that if I am hired by the City of Edgewater, my employment is for no definite period and may be terminated at any time without previous notice or cause. I understand that no supervisor or other representative of the City of Edgewater has the authority to enter into any agreement for employment for any specified period of time, except by written authorization by the City Manager.

I understand and agree that the City of Edgewater will make a thorough investigation of my character, reputation and past employment. I authorize the giving and receiving of any such information requested by the City of Edgewater and hereby release all former employers and their agents of any liability for any information they may give to the City of Edgewater. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the City of Edgewater or its agents or employees arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the City of Edgewater's handling, processing, or investigation of my application with the City of Edgewater.

I agree to a physical examination if requested, including testing for the use of illegal drugs, controlled substances or alcohol, prior to hiring, and at any time during my employment based upon reasonable suspicion and/or Federal and State regulations.

I hereby acknowledge that my employment with the City of Edgewater will begin with a designated probationary period.

Applicant's Signature

Date

CITY OF EDGEWATER

AFFIRMATIVE ACTION INFORMATION FORM

(TO BE USED WITH EMPLOYMENT APPLICATION)

WE ARE AN AFFIRMATIVE ACTION GOVERNMENT MUNICIPALITY. IN COMPLIANCE WITH GOVERNMENT REGULATIONS WE ARE REQUIRED TO RECORD THE NUMBER OF APPLICANTS BY AGE AND BY SEX.

WE ASK THAT YOU INDICATE YOUR RACE OR NATIONAL ORIGIN, DATE OF BIRTH AND SEX. **DO NOT WRITE YOUR NAME.** THIS INFORMATION WILL NOT BE KEPT WITH YOUR APPLICATION AND WILL BE USED ONLY IN ACCORDANCE WITH FEDERAL AND STATE REGULATIONS.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. YOUR APPLICATION FOR EMPLOYMENT WILL BE CONSIDERED IN THE SAME MANNER WHETHER OR NOT YOU FILL OUT THIS FORM.

- MALE
 FEMALE

-
- CAUCASIAN
 AFRICAN AMERICAN
 HISPANIC
 AMERICAN INDIAN
 ASIAN
 OTHER PLEASE SPECIFY _____

DATE OF BIRTH: _____

TODAY'S DATE: _____