

APPLICATION FOR EMPLOYMENT

CITY OF SPRINGFIELD, FLORIDA

DATE _____

S.S. #

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age in respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the Americans With Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures

PERSONAL INFORMATION

NAME _____

LAST
FIRST
MIDDLE

ADDRESS: _____

STREET
CITY
STATE
ZIP

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE UNITED STATES? YES NO. ARE YOU 18 YEARS OR OLDER? YES NO

POSITION APPLIED FOR _____ REFERRED BY _____

Have you ever applied to the City of Springfield before? YES NO IF YES, WHEN? _____

WOULD YOU PREFER TO WORK FULL TIME PART TIME TEMPORARY DATE AVAILABLE _____

ARE YOU EMPLOYED NOW? YES NO SALARY DESIRED _____ PHONE: _____

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? YES NO

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? YES NO IF NOT PLEASE LIST THE EMPLOYERS WE MAY CONTACT. _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.

U.S. ARMED FORCES YES NO IF YES, BRANCH _____ RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO IF YES, PLEASE EXPLAIN: _____

Convictions will not necessarily disqualify you from employment.

IN CASE OF EMERGENCY, NOTIFY: _____ NAME _____

NAME: _____ ADDRESS: _____ PHONE: _____

| EDUCATION | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | GRADUATED | COURSE OR MAJOR |
|--|-----------------------------|----------------|---|-----------------|
| GRAMMAR SCHOOL | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HIGH SCHOOL | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

LAST

FIRST

04mmv4

FORMER EMPLOYERS (List last three employers, most recent first)

| | | | | |
|---------------------|------------|--------------------|-------|--------|
| EMPLOYER #1 | | DATES EMPLOYED | | DUTIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| TELEPHONE NUMBER(S) | | HOURLY RATE/SALARY | | |
| | | STARTING | FINAL | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |
| EMPLOYER #2 | | DATES EMPLOYED | | DUTIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| TELEPHONE NUMBER(S) | | HOURLY RATE/SALARY | | |
| | | STARTING | FINAL | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |
| EMPLOYER #3 | | DATES EMPLOYED | | DUTIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| TELEPHONE NUMBER(S) | | HOURLY RATE/SALARY | | |
| | | STARTING | FINAL | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME AND ADDRESS | BUSINESS | PHONE | YEARS ACQUAINTED |
|------------------|----------|-------|------------------|
| NAME | | | |
| STREET ADDRESS | CITY | STATE | ZIP |
| NAME | | | |
| STREET ADDRESS | CITY | STATE | ZIP |
| NAME | | | |
| STREET ADDRESS | CITY | STATE | ZIP |

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

HIRED: YES NO POSITION: _____ DATE REPORTING: _____ SALARY WAGES: _____

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MGR. DEPT. HEAD GENERAL MGR.

APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that the City reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during employment to the extent permitted by law.

I understand that the City may investigate my driving and criminal record. I give the City the right to investigate all references and to secure **additional information** about me, if job related. I hereby release the City and its representatives from liability for seeking such information, and release all other persons, corporations, or organizations for furnishing such information.

I understand that, should I be employed, such employment will be on a probationary period of 12 months from the first date of employment.

I understand that any employment relationship with the City is of an "at will" nature, which means that the employee may resign at any time and the City may discharge employees at any time with or without cause. This relationship may be modified by provisions contained in an employment contract.

I understand that the City of Springfield maintains a drug free work place and that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or any other controlled substance will result in disciplinary action up to and including termination of employment.

I hereby state that all of the information that I provide on this application, on my personal resume, transcripts, or other application materials, and in any interview is true and accurate. I understand that if I am employed and any such information is later found to have been omitted, falsified, or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant _____ Date _____

The City of Springfield is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, marital status, national origin, age, disability or citizenship.