



**CITY OF ARCADIA, FLORIDA**  
**EMPLOYMENT APPLICATION**

POSITION APPLIED FOR: \_\_\_\_\_

**Please PRINT all requested information except signature.**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?  YES  NO

Have you ever been employed with the City before?  YES  NO If yes, list dates and position(s) held:

Do you have a valid Florida Driver's License?  YES  NO Driver's License # \_\_\_\_\_

Circle the highest level of education you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 Post-Secondary

**EDUCATION**

Name of School	City/State	From MM/YY	To MM/YY	Course of Study	Graduate? (Y/N)	Diploma / Degree Earned

Your name if different while attending: \_\_\_\_\_

**JOB RELATED TRAINING OR COURSE WORK** (Attach additional sheet if necessary)

Course Name	School or Accrediting Agency	From MM/YY	To MM/YY	Completed (Y/N)	License or Certification?	Expiration (if applicable)

Your name if different while enrolled in above: \_\_\_\_\_

# EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with the current or most recent job. Use a separate block to describe each position or gap in employment. If needed you may attach additional sheets using the same format as provided below. All information in this section MUST BE completed. Resumes may be attached as supplemental information but not in lieu of completing the information below.

**1** Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Position/ Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dates Employed – From: \_\_\_\_\_ To \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Supervisor's Name & Title: \_\_\_\_\_  
May we contact him/her?  YES Phone # \_\_\_\_\_  NO  
Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**2** Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Position/ Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dates Employed – From: \_\_\_\_\_ To \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Supervisor's Name & Title: \_\_\_\_\_  
May we contact him/her?  YES Phone # \_\_\_\_\_  NO  
Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**3** Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Position/ Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dates Employed – From: \_\_\_\_\_ To \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Supervisor's Name & Title: \_\_\_\_\_  
May we contact him/her?  YES Phone # \_\_\_\_\_  NO  
Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## KNOWLEDGE / SKILLS / ABILITIES

List any knowledge, skills or abilities you possess relevant to the position you are seeking, such as operating heavy equipment, computer proficiency, fluency in languages, mathematical or accounting skills.

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## BACKGROUND INFORMATION

Have you ever been **convicted** of a felony or a first degree misdemeanor? . . . . .  YES  NO

If yes, please explain and include charges, where convicted and date of conviction  YES  NO

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Have you ever pled “Nolo contendere” or pled guilty to a crime which is felony or a first degree misdemeanor? . . . . .  YES  NO

If yes, please explain and include charges, where convicted and date of conviction  YES  NO

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Answering “Yes” to the two questions above does not constitute an automatic disqualification for employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

To your knowledge, do you have any relatives working for the City of Arcadia?. .  YES  NO

If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System or exemption from such registration? . . . . .  YES  NO

The City of Arcadia complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional. Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? . . . . .  WITH  WITHOUT

The City of Arcadia and the State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. Citizen or legally authorized to work in the U.S.? . . . . .  YES  NO

## APPLICANT'S STATEMENT

I certify that all information I have provided in order to apply for and secure work with the City of Arcadia is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of my application or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the city of Arcadia, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the City of Arcadia, its representatives, employees, or agents for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me.

I understand the City of Arcadia does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand the City of Arcadia reserves the right to require applicants to complete a physical examination and submit to a drug screen testing prior to employment. In addition, acceptance of employment with the City expressly implies consent on the part of the applicant/employee to be subject to random or routine drug testing. Failure on any of these tests is grounds for discipline up to and including termination. By completing this application you, the applicant, acknowledge the same.

I understand this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the City of Arcadia and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the City of Arcadia reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement to contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Arcadia is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City of Arcadia's City Administrator.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENTS**

**I certify I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

**Signature of**

**Applicant:** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

# VETERAN'S PREFERENCE

Your Name \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

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. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a 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, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The unmarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document which serves as a certificate of release or discharge **must be furnished at the time of application** in addition, applicants claiming categories 1, 2 or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in § 1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P. O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

## VETERANS' PREFERENCE CLAIM

If eligible, which Veterans' Preference category are you claiming? .....

Have you ever been employed by an governmental entity within the State of Florida?  YES  NO

Are you a resident of the State of Florida? .....  YES  NO

# EEO SURVEY

Although the following information is not mandatory, it is requested to aid in the commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission of Human Relations, building F, Suite 24, 325 John Knox Road, Tallahassee, FL 32303.

Position for which you are applying: \_\_\_\_\_

GENDER:  MALE  FEMALE DATE OF BIRTH: \_\_\_\_\_

RACE: (Check ONLY one)  White (Non-Hispanic)  Black (Non-Hispanic)  Hispanic  Native American  
 Asian or Pacific Islander  Other (please specify) \_\_\_\_\_