

# CITY OF MINNEOLA, FLORIDA

## APPLICATION FOR EMPLOYMENT

The City of Minneola (the "City") is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, creed, sex/gender, sexual orientation, national origin, age, disability, citizenship or marital status. In addition, the City complies with applicable state and local laws prohibiting discrimination in employment. The City also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act Amendments Act and applicable state and local laws.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, *the City will verify the status of every person who is offered employment.* All offers of employment are subject to verification of the applicant's identity and employment authorization, and you will be asked to provide documents as are required by law to verify your identification and employment authorization upon employment.

Properly completed applications will remain active for open positions 60 days after receipt by the City.

### GENERAL INFORMATION

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Applying for: Full Time ☐ Part Time ☐ Volunteer ☐ Temporary ☐

Willing to work Overtime? Yes ☐ No ☐ Date you can begin work: \_\_\_\_\_

### PERSONAL INFORMATION

Full Name (Last, First, Middle)				Area Code – Telephone Number	
Mailing Address		City	State	Zip	Alternate/Cell Telephone Number
Email Address					

- Are you able to perform the essential functions of the position applied for and described in the job description or as demonstrated by a City representative with or without a reasonable accommodation? Yes ☐ No ☐
- Are you at least eighteen years old? (If not, you may be required to provide authorization to work) Yes ☐ No ☐
- Have you ever worked under a different name? Yes ☐ No ☐  
If yes, please indicate other name(s) used: \_\_\_\_\_
- Have you ever been employed with the City of Minneola? Yes ☐ No ☐  
If yes, please give the dates of employment and name employed under:  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have relatives employed with the City of Minneola? Yes ☐ No ☐  
If yes, please list name(s) and relationship(s) below.  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- If hired, can you provide verification of your legal right to work in the United States? Yes ☐ No ☐
- Have you ever been convicted, plead nolo contendere or no contest, or had adjudication withheld, for any crime? Yes ☐ No ☐
- Have you ever been a defendant in a civil action for an intentional tort (i.e., assault, battery, false imprisonment, etc.)? Yes ☐ No ☐
- Are you currently wanted or a fugitive in any state or jurisdiction? Yes ☐ No ☐

If you have answered yes to questions 7 or 8, the answer(s) will not automatically prevent you from obtaining employment with the City. Your response will be considered by the City together with other hiring factors. If you answered yes to questions 7 or 8, please provide details regarding the type of crime and/or nature of the tort, the date of the disposition, the penalty or penalties imposed, and the final disposition of the legal proceeding.

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## EMPLOYMENT HISTORY

(This section must be completed in full. **Using "see resume" is not acceptable.** Please list your employment history for the **last 10 years**; note any periods for which you were not employed.)

Employer (Present or Most Recent)	Street Address, City, State, Zip		Telephone Number ( )	
Your Job Title		Supervisor Name and Title		
Description of your duties:		From (Mo/Yr)	To (Mo/Yr)	
		Base Pay	Starting	Final
		\$	Per	\$ Per
		Reason for Leaving		
May we contact you at your present place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter Area Code - Telephone No.	May we contact your present employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter Area Code - Telephone No.

Employer (Previous)	Street Address, City, State, Zip		Telephone Number ( )	
Your Job Title		Supervisor Name and Title		
Description of your duties:		From (Mo/Yr)	To (Mo/Yr)	
		Base Pay	Starting	Final
		\$	Per	\$ Per
		Reason for Leaving		

Employer (Previous)	Street Address, City, State, Zip		Telephone Number ( )	
Your Job Title		Supervisor Name and Title		
Description of your duties:		From (Mo/Yr)	To (Mo/Yr)	
		Base Pay	Starting	Final
		\$	Per	\$ Per
		Reason for Leaving		

Employer (Previous)	Street Address, City, State, Zip		Telephone Number ( )	
Your Job Title		Supervisor Name and Title		
Description of your duties:		From (Mo/Yr)	To (Mo/Yr)	
		Base Pay	Starting	Final
		\$	Per	\$ Per
		Reason for Leaving		

Employer (Previous)	Street Address, City, State, Zip		Telephone Number ( )	
Your Job Title		Supervisor Name and Title		
Description of your duties:		From (Mo/Yr)	To (Mo/Yr)	
		Base Pay	Starting	Final
		\$	Per	\$ Per
		Reason for Leaving		

## EDUCATION

(If specific educational achievement is a requirement of the job for which you apply, credentials will be verified.)

Schools Attended	Name and Address of School	Dates Attended		Major Field of Study	What type of Degree or Diploma did you receive?
		From (Mo/Yr)	To (Mo/Yr)		
High School					
College					
Graduate					
Trade or Technical					
Other relevant education or training taken:					

## DRIVING RECORD

(Answer only if you will drive a city vehicle or your own vehicle on City business during your employment with the City)

Do you have a valid Florida driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what class license do you have?	Operator <input type="checkbox"/>	CDL <input type="checkbox"/>
Endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list below:		
<hr/>		
Have you had a suspension or revocation of your license within the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many speeding or other moving violations have you received in the last three years?	<hr/>	
List all traffic violations (except parking) on your record for the last three years and all motor vehicle accidents in which you were involved:		
Date/Location of Citation or Accident	Description	Result

## OCCUPATIONAL SKILLS, PROFESSIONAL LICENSES & CERTIFICATIONS

(List any skills, professional licenses & certifications that you believe are related to the job for which you are applying)


## MILITARY RECORD

Have you served in the United States Armed Forces? Yes ☐ No ☐

List duties in the service, including special training that is helpful in the job for which you have applied:

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## VETERANS' EMPLOYMENT PREFERENCE

(DD214 or other Department of Defense acceptable documentation substantiating your claim must be furnished at the time of application)

1. Are you claiming Veterans' Employment Preference? Yes ☐ No ☐
2. Are you claiming Veteran's Employment Preference based on an eligible active wartime period as outlined in F.A.C. 55A-7008? Yes ☐ No ☐
3. Are you a disabled veteran who has served on active duty in any branch of the United States Armed Forces and who has an existing service-connected disability compensable under public laws and administered by the Department of Veterans Affairs? Yes ☐ No ☐
4. Are you the spouse of any person, who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment? Yes ☐ No ☐
5. Are you the spouse of any person who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power? Yes ☐ No ☐
6. Are you an un-remarried widow or widower of a veteran who died of a service-connected disability? Yes ☐ No ☐
7. Have you ever received the Armed Forces Expeditionary Medal and/or the Global War on Terrorism Expeditionary Medal? Yes ☐ No ☐

## PROFESSIONAL/WORK REFERENCES

List three persons familiar with your technical ability and work performance that we may contact for reference (exclude relatives). We will assume we have your permission to contact these individuals unless you indicate to the contrary.

Name (Last, First, Middle)	Address (City, State, Zip)	Phone Number
(1)		
(2)		
(3)		

## DISCLOSURE OF INTENDED BACKGROUND INVESTIGATION

In consideration for employment with the City, job applicants must consent to and authorize a pre-employment background investigation. This is done to ensure that individuals who join the City's workforce are well qualified, have a strong potential to be productive and successful, and have honestly presented their background and qualifications as outlined in their employment application materials. Background Investigations are performed only after a conditional offer of employment has been made.

I understand that I will receive a separate notice and opportunity to consent to such investigation and will be entitled to a complete and accurate disclosure of the nature and scope of the reports upon my written request.

I also understand that if a conditional offer of employment is made to me, the offer may be withdrawn if any of the adverse situations are determined.

## PRE-EMPLOYMENT STATEMENT

*Please read the following statements carefully. They constitute important conditions for employment with the City of Minneola.*

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any false statement or omission of material facts in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the City.
2. I have read and understand the job description for the position that this application pertains to and hereby certify that I am able to fulfill all of the job qualifications with or without accommodation.
3. Any offer of employment I may receive from the City is contingent upon my successful completion of the City's total pre-employment screening process, including the City's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer/pre-employment medical examinations required by the City or other governing body.
4. I understand the City has a Substance Abuse Policy that promotes an alcohol and drug-free work environment. I understand that drug/alcohol testing is conducted in accordance with the terms of the Drug Free Work Place Policy. I also understand positive drug test results will disqualify job applicants from employment with the City, and may result in termination, if I am employed with the City. A copy of the Policy is available at the City's Human Resources Office.
5. I understand the City has a Dress and Appearance Policy that requires new employees to have all tattoos covered during the work shift. A copy of the Policy is available at the Human Resources Division.
6. I understand that in order to be considered for employment with the City in a position that performs safety sensitive functions pursuant to Department of Transportation (DOT) regulations, I must consent to and authorize a search of drug and alcohol testing records pertaining to DOT regulated employers that I have worked for during the last two (2) years. I also understand that I will receive a separate notice and opportunity to consent to such a search.
7. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
8. I understand pursuant to Chapter 55A-7 of the Florida Administrative Code that, should a vacant position for which I have applied and claimed Veterans' Employment Preference, is filled by a non-preference applicant, that I have the right to initiate an investigation by the Florida Department of Veterans' Affairs. I understand that I must file the complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Room 311K, Largo, Florida 33778-1630, 727-518-3202 within 21 calendar days from the date I receive notice that I was not selected for the position. If a notice of the hiring decision is not given to me, I understand the complaint may be filed at any time.
9. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the City and understand that within the limits of any constitutional or statutory limits applicable, my employment is considered "at will" and, although the City may provide notice to me and expect notice from me, I can be terminated at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City is authorized to make any assurances to the contrary. No implied oral or written agreements contrary to this are valid unless they are in writing and signed by the City Manager.
10. I understand that if offered employment with the City, I will be required to provide my social security number. I further understand that my social security number will be used for identification, post-offer/pre-employment screening, benefit administration, income reporting and education/certification verification.
11. 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.
12. I understand that if I am hired, I will be required to participate in the City of Minneola's direct deposit program into the account of my choice.

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**Applicant Name (please print)**

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**Date**

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**Applicant Signature**