

**CITY OF AUBURNDALE
APPLICATION FOR EMPLOYMENT**

EMAIL ADDRESS



**AN EQUAL OPPORTUNITY EMPLOYER
DRUG FREE WORKPLACE**

INSTRUCTIONS: PRINT CLEARLY IN BLACK INK AND COMPLETE ALL INFORMATION. IF AN ITEM DOES NOT APPLY TO YOU, WRITE "N/A" IN THE PROPER SPACE.

Applying for – Title: _____

Department: _____

PERSONAL INFORMATION

Last Name:	First Name:	Middle:	Social Security #:
Address:			Home Phone:
City, State, Zip Code:			Business Phone:

Are you 18 years of age or older? Yes No

Are you a U.S. Citizen? Yes No If you checked no, are you authorized to work in the U.S.? Yes No

Have you ever been employed by the City of Auburndale? Yes No

If yes, please provide, Dates of Employment: _____ Department: _____

Have you ever been convicted of a felony? Yes No If yes, please explain _____

Do you use controlled substances (without prescription) or illegal drugs? Yes No If yes, please explain _____

Do you have any relatives currently employed by the City of Auburndale? Yes No

If yes, please list their names: _____ Relationship to You: _____

Did you serve in the U.S. Armed Services? Yes No

Branch _____ Rank _____ Dates: From _____ To _____

Are you currently in the Military Reserves/National Guard? Yes No If yes, please explain: _____

[If you have served in the U.S. Armed Forces, attach a copy of your DD-214 Form (including Special Additional Information, #23-30) to your application prior to interview]

Are you claiming Veteran's employment preference as stated in Chapter 295 of the Statutes? Yes No

EDUCATION

School	Name/location of school	Date Attended	Course of Study	Years/Credits Completed	Did You Graduate?	Degree/Diploma
College					Yes ____ No ____	
High					Yes ____ No ____	
Elementary					Yes ____ No ____	

If not a high school graduate, do you have an equivalency diploma? (GED, night school, etc.)?

Yes No Date Received: _____

Do you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

DRIVER LICENSE INFORMATION

Driver's License Number: _____

State: _____

Issue Date: _____

Expiration Date: _____

Non-Commercial: Class E (Operator) ___ Class D ___

Commercial: ___ Class A ___ Class B ___ Class C

REFERENCES

List three persons (preferably who have known you for at least one year) who are not related to you and who have knowledge of your qualifications, character, and/or abilities for the position for which you are applying:

Name:	Occupation:	Years Known:	Telephone Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law, personnel policy or regulations. I voluntarily give the personnel Office of the City of Auburndale or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release all liability or responsibility of all persons, companies, or corporations supplying such information.

Note: The City of Auburndale collects your Social Security Number for the following purposes: employment applications, benefit processing, income tax reporting, employee injury or accident reports, Business Tax Receipt data collection, insurance claims, credit worthiness, identification and verification, and data collection. Social Security Numbers may be shared with other authorized Agencies. Social Security Numbers are also used as a unique numeric identifier and may be used for search purposes.

Signature: _____

Date: _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. The information in this section is needed for statistical purposes only, to satisfy Federal Equal Employment Opportunity reporting and research requirements. This information is NOT used to evaluate your application.

Name: _____

Date: _____

Address: _____

Zip: _____

City/State: _____

Social Security Number: ____ - ____ - _____

Sex: M or F

Age: _____

Racial/Ethnic Origin:

White Black Hispanic Asian/Pacific Islander American Indian

Check if applies to you:

Handicapped Non-Veteran Veteran

WWII/Korea WWII/Korea Disabled

Vietnam Vietnam Disabled

How did you learn of the position you are applying for:

Walk In (General Job Search) Winter Haven News Chief

Search Firm/Employment Agency Lakeland Ledger

Florida State Employment Services Other