

**CITY OF OLDSMAR
APPLICATION FOR EMPLOYMENT**

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

In order to be considered for employment, you must complete and sign this application. Incomplete and/or unsigned applications will not be considered. All information on this application is subject to verification. Assistance in completing this application is available on request.

Position(s) applied for:	Date of Application
--------------------------	---------------------

I. PERSONAL DATA

Last Name	First Name	Middle Name
-----------	------------	-------------

Address	Number	Street	City	State	Zip Code
---------	--------	--------	------	-------	----------

Telephone Number(s)	Cell Phone
---------------------	------------

Have you ever gone by any other name or used a nickname of any type? If yes, please list all such names _____

Have you been interviewed for a position with the City of Oldsmar within the last two years? YES NO

If so, when and for what position _____

Are you legally eligible to work in the United States? YES NO
(Eligibility subject to verification upon employment.)

Are you related to anyone in the employ of the City of Oldsmar? YES NO
If yes, please list the following:

Individual to whom you are related _____
 Position held by such individual _____
 Nature of the relationship _____

Have you ever been arrested, indicted, accused of, charged with, or convicted of any crime, pled nolo contendere (no contest), or been fined or placed on probation, or entered into a pre-trial intervention program for a crime, regardless of adjudication?
 YES NO

If yes, explain. _____

(Answering "yes" may not necessarily disqualify you from consideration for employment. A number of factors, such as the nature of the offense, your age at the time, the remoteness in time of the event, etc., will be considered.)

II. EMPLOYMENT DESIRED

How did you learn of position? _____

Date available to start work _____

Type of employment sought: Full-time ___ Part-time ___ Temporary ___

If temporary, list dates available to work: From _____ to _____

Can you perform the essential functions of the position for which you have applied, with or without reasonable accommodation? (Job descriptions are available on request. Please review prior to answering this question).

YES NO

(All offers of employment are conditioned on verification of the applicant's ability to perform the essential functions of the position offered, with or without reasonable accommodation.)

III. EDUCATIONAL RECORD

Last High School: _____

Name

Address

Last grade completed _____ Did you graduate? _____

Date of leaving _____

Junior College/Technical School: _____

Name

Address

Last year completed _____ Did you graduate? _____

What degree? _____

Date of Leaving _____

Field of Study (if applicable) _____

College or University _____

Name

Address

Last year completed _____ Did you graduate? _____

What degree? _____

Date of Leaving _____

Field of study (if applicable) _____

College or University _____

Name

Address

Last year completed _____ Did you graduate? _____

What degree? _____

Date of Leaving _____

Field of study (if applicable) _____

Additional education information you want considered: _____

IV. EXPERIENCE

Are you now employed? Yes No

May we contact your present employer? Yes No

Have you ever been terminated or asked to resign your employment?

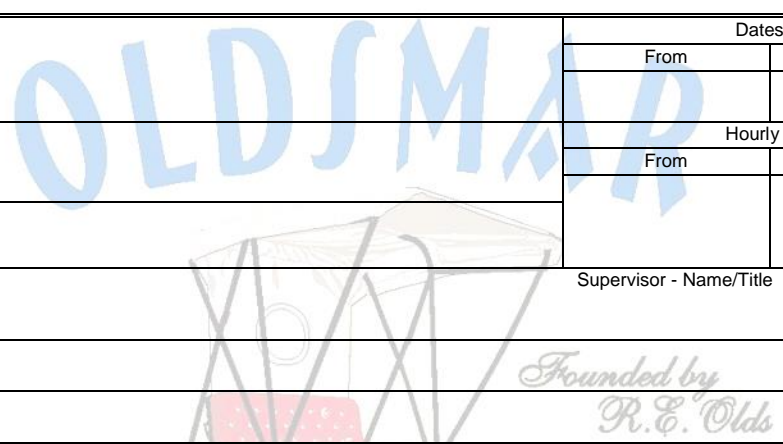
Yes No

If yes, please explain: _____

Please list chronologically all employers from time of entering work force to present.

Present Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)	Supervisor - Name/Title	
Job Title		
Work Performed	Reason for Leaving	
Reason for Leaving		
Next Previous Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)	Supervisor - Name/Title	
Job Title		
Work Performed	Reason for Leaving	
Reason for Leaving		
Next Previous Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)	Supervisor - Name/Title	
Job Title		
Work Performed	Reason for Leaving	
Reason for Leaving		

Next Previous Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)		
Job Title	Supervisor - Name/Title	
Work Performed		
Reason for Leaving		
Next Previous Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)		
Job Title	Supervisor - Name/Title	
Work Performed		
Reason for Leaving		



Attach additional sheets if necessary

Other Job Related Experience or Training: _____

V. REFERENCES

List three references, not relatives or former employers, who are available for contact, giving name, address and telephone number:

()	()
(Name)	Phone Number
(Address)	
()	()
(Name)	Phone Number
(Address)	
()	()
(Name)	Phone Number
(Address)	

If you are applying for a position which requires the use of any office or plant equipment or secretarial skills, complete the following:

Office and Plant Machines Used: _____

Typing Speed: _____

Computer Skills: _____

If you are applying for a position which involves driving of any type, check the types of vehicles you are qualified, through experience or otherwise, to operate:

Passenger Car _____ Light Truck _____ Heavy Truck or Tractor _____ Other _____
Driver's License No. _____ State _____ Expiration Date _____

Have you been involved in ANY vehicle accidents within the past three years?

YES NO

Do you have a valid Florida Driver's License?

YES NO

Has your Driver's License EVER been suspended or revoked?

YES NO

VI. VETERAN'S PREFERENCE

If you are an honorably discharged Veteran, you may be eligible for Veteran's Preference in consideration of your application for employment. Substantiating documents as designated under Florida Administrative Code Rule 55A-7.013(6) must be furnished at the time of application.

Do you request a Veteran's Preference? YES NO

If yes, please designate the basis for your preference below.

- ____ 1. As a Veteran with a presently existing compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.
- ____ 2. As the spouse of a Veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a Veteran missing in action, captured or forcibly detained by foreign power.
- ____ 3. As a Veteran of any war who has served at least one day, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.
- ____ 4. As the unremarried spouse of a Veteran who was killed in action, or died of a service-connected disability.

Branch of Service

Date of Entry

Date of Discharge

Have you ever been hired or promoted after notifying a public employer of your Veteran's Preference since October 1, 1987? YES NO

If yes, name the employer: _____

Note: Chapter 55A-7 of the Florida Administrative Code sets forth the rules governing veterans preference. Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295.08 may file a complaint with THE DIVISION OF VETERANS' AFFAIRS, (P.O. Box 31003, ST. PETERSBURG, FLORIDA 33731) within 21 calendar days from the date of notice of hiring decision.



APPLICANT'S STATEMENT

PLEASE READ CAREFULLY

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the City or its agents to conduct a thorough investigation into my current or prior employment and any other area of my background, including criminal background (regardless of adjudication) which the City believes relevant to my employment. I do further fully consent to the release and disclosure to the City or its agents from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability the City or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I acknowledge that any false information provided by me to the City or by others at my direction, either on this application or otherwise, shall constitute grounds for immediate discharge, regardless of when the false information is discovered by the City. Similarly, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which is deemed by the City to be unsatisfactory shall constitute grounds for immediate discharge, also regardless of when discovered.

Finally, I understand that the City may require a medical or other examination at the time an employment offer is extended and may be a condition of an offer of employment on the successful completion of that examination. Employees and applicants for safety sensitive or special risk positions are also subject to drug and alcohol testing in accordance with the law. Polygraph examinations may also be required by the City where permissible by law.

Signature of Applicant

Name (Please Print)

Date