



**CITY OF PLANT CITY**  
**302 W. REYNOLDS STREET**  
**P. O. BOX C**  
**PLANT CITY, FLORIDA 33564**  
**PHONE (813) 659-4200**

DATE:

(Your application will be removed from active status one year from this date.)

Position & Department applied for:

Name:

Last

First

Middle

Present Address:

Street

City

State

Zip

Phone #: (Include Area Code)

Home: ( )

Other: ( )

Email:

Will accept position as follows:

☐ Full Time ☐ Part Time ☐ Temporary Shifts: ☐ Day ☐ Eve. ☐ Night

Previous City of Plant City employee? ☐ Yes ☐ No

If yes, when: From \_\_\_\_\_ To \_\_\_\_\_

Related to a City of Plant City employee? ☐ Yes ☐ No If yes, name of relative: \_\_\_\_\_

If yes, how related? \_\_\_\_\_

Has your license ever been suspended/revoked? ☐ Yes ☐ No If yes, give dates: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes

☐ No

*Proof of citizenship or immigration status will be required upon employment.*

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, County, State & year of all convictions: \_\_\_\_\_

Nature of offense (s)\*: \_\_\_\_\_

Disposition of case(s) and date(s): \_\_\_\_\_

\* NOTE: The type of offense, relative to the nature of the position applied for, is the only factor considered.

Military Service:

Branch

Date of Entry

Date of Discharge

Rank

Reserve or National Guard status: \_\_\_\_\_

EDUCATION  
Circle LAST YEAR COMPLETED

Grade School  
1 2 3 4 5 6 7 8

High School  
9 10 11 12

College  
1 2 3 4 5 6

Name & Address	Did you graduate?	Major	Degree
High School			
Vocational/ Tech. School			
Junior College			
College/ University			
Graduate School			

Other Training: \_\_\_\_\_

EMPLOYMENT RECORD:

Begin with your **present** or most recent job, and then continue in order describing **all** prior jobs. All periods of employment must be listed, including self-employment or internships. Military service must include rank, and dates served. When applicable, please outline various levels of positions held under each employer. Specify the number of employees supervised.

**Please complete all sections in detail, avoiding notations such as “see resume”.** Additional pages may be attached as necessary.

FROM: Month \_\_\_\_\_ Year: \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Hrs. per week: \_\_\_\_\_ Type of business: \_\_\_\_\_ Phone # \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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FROM: Month \_\_\_\_\_ Year: \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Hrs. per week: \_\_\_\_\_ Type of business: \_\_\_\_\_ Phone # \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties performed: \_\_\_\_\_

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Reason for  
leaving: \_\_\_\_\_

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FROM: Month \_\_\_\_\_ Year: \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Hrs. per week: \_\_\_\_\_ Type of business: \_\_\_\_\_ Phone # \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties performed: \_\_\_\_\_

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Reason for  
leaving: \_\_\_\_\_

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FROM: Month \_\_\_\_\_ Year: \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Hrs. per week: \_\_\_\_\_ Type of business: \_\_\_\_\_ Phone # \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties performed: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

FROM: Month \_\_\_\_\_ Year: \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Hrs. per week: \_\_\_\_\_ Type of business: \_\_\_\_\_ Phone # \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

FROM: Month \_\_\_\_\_ Year: \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Hrs. per week: \_\_\_\_\_ Type of business: \_\_\_\_\_ Phone # \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Use this space to list any professional or occupational license, registration or certification you currently hold:

Typing speed \_\_\_\_\_ WPM PC Skills \_\_\_\_\_

Other proficiencies: \_\_\_\_\_

All statements and information given in this application are true to the best of my knowledge. I hereby authorize the City of Plant City to verify this information and to determine my capabilities for employment. I understand that any information found not to be materially correct constitutes grounds for my dismissal or denial for employment. I understand and acknowledge that any employment with the City is on an “at will” basis which means that I, or the City, may terminate my employment at any time, with or without cause.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## PREVIOUS ADDRESS DATA

Beginning with the address previous to your current address, please list all your addresses.

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Lived there from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CITY OF PLANT CITY  
APPLICATION FOR VETERANS PREFERENCE, FLORIDA ADMIN. CODE 55A-7

**APPROPRIATE DOCUMENTATION (i.e.: DD-214 OR VETERANS. ADMINISTRATION LETTER) MUST  
BE PROVIDED AT THE TIME OF APPLICATION.**

*Check the category that applies to you:*

- ☐ An honorably discharged disabled veteran who has a service-connected compensable disability;
- ☐ The spouse of an honorably discharged veteran who has a total and permanent, service-connected disability which disqualifies the veteran for employment;
- ☐ The spouse of any person who is missing in action, captured, forcibly detained or interned in the line of duty;
- ☐ A veteran who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era (as defined by Florida law); or
- ☐ The unremarried widow or widower of a veteran who died of a service-connected disability.

BRANCH OF SERVICE DATE OF ENTRY DATE OF DISCHARGE

Please answer the following questions:

1. Are you currently or have you ever been employed by any State or any agency or a political subdivision of the State (i.e., State, County, or City, etc.)? YES\_\_\_ NO\_\_\_
- a. If YES, give name of employer and dates employed: \_\_\_\_\_
- b. If YES, on what basis were you employed (i.e. temporary/permanent, full-time/part-time, reserves)? \_\_\_\_\_
- c. If YES, did you receive benefits (i.e. vacation leave, sick leave, pension)? YES\_\_\_NO\_\_\_
2. Did you or your spouse serve on active duty (i.e. not in training or reserves)? YES\_\_\_ NO\_\_\_

NOTE: If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the City. If no notice is given by the City and the position has been filled, a complaint must be filed within three (3) months of the date the application was received by the City. If the position has not been filled, the complaint deadline is extended until one month after the position is filled.

PRINT NAME\_\_\_\_\_ SIGNATURE\_\_\_\_\_

## APPLICANT DATA RECORD

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT

Applicants for employment with the City of Plant City are considered without regard to race, color, religion, sex, national origin, age, disability or marital status. However, the Federal Government requires that the City keep statistics on the number of women, minorities, and veterans who apply for jobs. Please provide the information we need by completing this Applicant Data Record.

The information you provide will be used only for statistical purposes. It will be kept separate from your Application for Employment during the entire hiring process. Failure to provide this information will have no effect on your consideration for employment with the City.

☐ Male    ☐ Female    Date of Birth: \_\_\_\_\_    ☐ White    ☐ Black  
☐ Hispanic    ☐ American/Alaskan Native    ☐ Asian/Pacific Islander    ☐ Other

How did you learn about this job opening?

☐ Newspaper    ☐ School    ☐ Job Posting    ☐ Job Line    ☐ City Web Site    ☐ Friend/Relative    ☐ Walk-in  
☐ State Employment Office    ☐ Other: \_\_\_\_\_

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### RELEASE OF INFORMATION AGREEMENT

#### PRINT ALL INFORMATION

Name: \_\_\_\_\_ \*Soc. Sec. # \_\_\_\_\_  
(PRINT)                      FIRST                      MIDDLE                      LAST

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

In connection with my application, I understand that investigative background inquiries may be made including consumer credit, criminal convictions, motor vehicle and other reports when applicable. These reports will include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that information may be requested from various Federal, State, and other agencies that maintain records concerning my past activities related to my driving, credit, and criminal, civil and insurance claim records.

I authorize without reservation, any party or agency contacted to furnish the above referenced information to the City of Plant City and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## *City of Plant City*

### **SMOKE/TOBACCO-USE POLICY**

The City has implemented a policy stating that persons who have engaged in any use of smoke/tobacco products during the twelve month period prior to their application are not eligible to become employed with the City.

By evidence of my signature below, I acknowledge my understanding of this policy and that any further consideration for employment is based on reliance upon my claim that I meet the above requirements. I further understand and agree that any determination to the contrary in the future can result in disciplinary action, up to and including dismissal.

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Printed Name

Signature

Date

HR 58A Rev. 11/18

HR 58A Revised 04/18



**EMPLOYMENT INQUIRY/RELEASE FORM**

California, Minnesota and Oklahoma Resident Only:  
If a consumer credit report is ordered, would you like a  
free copy of the report mailed to your home  
[ ] YES [ ] NO

**Please Print****APPLICANT  
Please Print**

NAME:	FIRST	MIDDLE	LAST
CURRENT ADDRESS: :	Dates FROM:		
CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER	CELL PHONE NUMBER		
SOCIAL SECURITY NUMBER:			
DRIVERS LICENSE NUMBER:	STATE OF ISSUE:		
1 <sup>st</sup> PREVIOUS ADDRESS:	Dates FROM: TO		
CITY:	STATE:	ZIP CODE:	
2 <sup>nd</sup> PREVIOUS ADDRESS: :	Dates FROM: TO		
CITY:	STATE:	ZIP CODE:	
3 <sup>rd</sup> PREVIOUS ADDRESS: :	Dates FROM: TO		
CITY:	STATE:	ZIP CODE:	

**APPLICANT  
Read Carefully and Sign**

**AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, EMPLOYEE HISTORY, DRUG OFFENSE, VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS.** For and in consideration of my being considered for employment, I hereby authorize the Company designated below ("Employer") to make inquiries to Merchants Security Exchange, DBA MAF Background Screening, (MAF), a consumer reporting agency, concerning my employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to MAF by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such criminal information is on file, or any company ("Prior Company") where such incident, drug test results or credit transaction occurred, and MAF to disseminate such report(s) to Employer. I authorize, as part of the COMPANY policy, to complete drug tests and for the company access of said test results. During any period(s) while I may be employed by Employer, I hereby authorize Employer to make further like inquiries to MAF as Employer may from time to time, deem necessary for employment purposes. I also hereby authorize MAF, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Employers inquiry(ies). I waive any further notice with respect to Employer's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAF's dissemination of any such report(s). I hereby generally release and fully discharge MAF every such governments' agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Employer by MAF. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling MAF at the address or telephone numbers listed below.

(X) \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE SIGNED

**EMPLOYER  
Please Print**

EMPLOYER NAME:	MEMBER NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	
AUTHORIZED EMPLOYER REPRESENTATIVE: (LAST, FIRST)		
<u>Company's Certification:</u> Company hereby certifies to MAF Background Screening that it is requesting a consumer credit report(s) on the applicant named above and that Company will use that report(s) for employment purposes. MAF BACKGROUND SCREENING 800-226-4483		

Applicants chosen for further consideration will have their personal credit history reviewed for "collection accounts, accounts charged off to bad debt, or judgments" within the past two years. If information on the credit report would cause the office to take "adverse action", the applicant will be notified in compliance with the FCRA.

## **NOTICE**

As part of its hiring process, the City of Plant City obtains consumer reports on all applicants for employment with the City. These reports are subject to the Fair Credit Reporting Act (15 U.S.C. § 1681b). You therefore are entitled to notice that such a report may be obtained from a consumer reporting agency and used to determine your eligibility for employment. These reports will include, to the extent allowed by law, some or all of the following information relating to: your previous employment, schools and other educational institutions you have attended, training, licensure and certifications you possess or have possessed, your service in the military, your driving record, criminal and credit histories and judgments.

# CONSENT FOR RELEASE OF DRUG AND ALCOHOL HISTORY

Name:

(Print)

First

Middle

Last

SS#

/

/

I certify that I, \_\_\_\_\_, have had no violations of alcohol or controlled  
(Print Name)  
substance in the previous two years. According to the Department of Transportation 382.413  
and as a condition of employment, I request my former employer, \_\_\_\_\_,  
(Name of organization)  
to release the information listed below regarding my participation in the alcohol and controlled substance  
testing program for the previous two years.

(Signature)

## REQUESTING AGENCY:

**City of Plant City  
Human Resources Department  
P. O. Box C  
Plant City, FL 33564**

## INDIVIDUAL PARTICIPATION DATES IN PROGRAM PER 49 CFR PART 382

Starting Date:

Ending Date:

Date Last Tested:

Test Result:

Additional Test

Test Result:

Dates

Did this person have any of these violations? ☐ Yes ☐ No

*If yes, check as applicable:*

- ☐ Alcohol consumption while on duty
- ☐ Alcohol consumption within 4 hours prior to safety sensitive functions
- ☐ Alcohol consumption within 8 hours after accident and prior to testing
- ☐ Alcohol concentration 0.04 or greater or positive test for controlled substance
- ☐ Possession of alcohol while on duty
- ☐ Use of controlled substance while on duty without physician's approval
- ☐ Refusal to take test

## HOW TO SUBMIT YOUR APPLICATION:

1. You can mail or deliver your application in-person to:

City of Plant City  
Attention Human Resources  
PO Box C  
Plant City, FL 33563

2. You can fax your application to (813) 659-4202
3. You can e-mail your completed application to [humanresources@plantcitygov.com](mailto:humanresources@plantcitygov.com)

If you have any questions, please contact us at (813) 659-4235

*Thank you for your interest in joining Team Plant City!*



302 West Reynolds Street

Plant City, Florida 33563

Phone: 813-659-4200

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### **NOTICE TO APPLICANTS**

New employees are required to take payment by Direct Deposit. New employees must have and maintain a checking or savings account which will accept electronic transfer of your payroll check. Even though your check proceeds will go directly to your account, you will still receive a check copy showing all payments and deductions.

### **APPLICATION PROCESSING**

All applications that meet the minimum requirements of a posted position are forwarded to the hiring department. Frequently there are numerous applicants for a particular job opening and only a portion of those who apply are invited to interview. If you are selected for interview and further consideration, you will be contacted directly by the department manager or supervisor usually within 2 – 3 weeks of your application. If you are not contacted within that time period, you may reasonably presume that other applicants' qualifications and experience were considered a better fit for the City's needs for that particular job.

Applications are kept on file for one year. However, if other positions come open for which you wish to be considered, you must update your application to indicate your interest in that new vacancy.

Thank you for your interest in the City of Plant City.

AN EQUAL OPPORTUNITY EMPLOYER