



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: _____				Phone #: (Include Area Code)	
_____	_____	_____	_____	Home: ()	
_____	_____	_____	_____	Other: ()	
Present Address: _____				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
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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: _____

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 addresses you've lived at for the past ten years.

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 unmarried 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: _____

.....
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 _____

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#	/	/	
<p>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.</p> <p style="text-align: center;">_____ (Signature)</p>			
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	_____		_____
	_____		_____
<p>Did this person have any of these violations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, check as applicable:</i> ___ 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</p>			



302 West Reynolds Street

Plant City, Florida 33563

Phone: 813-659-4200

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