

CITY OF PLANT CITY 302 W. REYNOLDS STREET

P. O. BOX C PLANT CITY, FLORIDA 33564 PHONE (813) 659-4200

DATE: (Your application will one year from this date)	I be removed from active re.)	status	Position & Department applied for:					
Name:						Phone #: (In	iclude Ar	rea Code)
Present Address:	Last	First		N	Middle	Home: (Other: ()	
L	Street		City	State	Zip	Email:		
Will accept position ☐ Full Time ☐ F Previous City of Pl If yes, when:	art Time Ter	•	□ No	□ Day	□ Eve. □	1 Night		
Related to a City of If yes, how related?	Plant City empl			If yes, 1	name of re	elative:		
Has your license ev	er been suspende	ed/revoked?	Yes 🗆 N	lo If yes	, give date	es:		
Are you prevented for No Proof of citizenship or im	-			country be	ecause of `	Visa or Immig	ration Sta	tus? □Yes
Have you ever been	convicted of a fe	elony? 🗖 Ye	s 🗆 No					
If yes, County, State	e & year of all co	nvictions:						
Nature of offense (s	s)*:	•						
Disposition of case	(s) and date(s):							
* NOTE: The type of offense,	relative to the nature of th	ne position applied for	or, is the only fac	ctor considere	d.			
Military Service:								
	Ві	anch	Date of I	Entry		Date of Dischar	ge	Rank
Receive or National	Guard status							

EDUCATION Circle LAST YEAR COMPLETED

Grade School 1 2 3 4 5 6 7 8 High School College 9 10 11 12 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, a employment must be listed, including self-employeed. When applicable, please outline variou employees supervised.	loyment or in	nternships. Military	service must include rank, and dates
Please complete all sections in detail, avoiding necessary.	g notations s	uch as "see resume'	'. Additional pages may be attached as
FROM: Month Year:	T	O: Month	Year
Employer:	5	Supervisor:	
Address:			
STREET CIT	ГҮ	STAT	E ZIP
Hrs. per week: Type of business:			Phone #
Salary: \$ Job Title:			
Duties performed:			
Reason for leaving:			

	Year:	·	Year
Address: STREET	CITY	STATE	ZIP
Hrs. per week:	Type of business:	Phone	·#
<u>-</u>			
D			
Reason for			
leaving:			
FROM: Month	Year:	TO: Month	Year
Employer:		Supervisor:	
Address:			
STREET	CITY	STATE	ZIP
Hrs. per week:	Type of business:	Pho	ne #
Salary: \$			
	_		
_			
Reason for			
leaving:			
FROM: Month	Year:	TO: Month	Year
Employer:		Supervisor:	
Address:			
STREET	CITY	STATE	ZIP
Hrs. per week:	Type of business:	Pho	ne #
Salary: \$	Job Title:		

EDOM M d	37	TO M	1	V
FROM: Month _	Year:	1O: Mont	n	Year
Employer:		Supervisor:		
Address:	CITY			
STREET	CITY		STATE	ZIP
Hrs. per week:	Type of business:		Phone #	
Salary: \$	Job Title:			
5				
Reason for leaving:				
FROM: Month	Year:	TO: Mont	h	Year
Employer:		Supervisor:		
Address:	CITY			
STREET			STATE	ZIP
Hrs. per week:	Type of business:		Phone #	
Salary: \$	_ Job Title:			
Duties performed:				
Reason for				
leaving:				
Use this space to list a hold:	nny professional or occupationa	l license, registratio	n or certification	you currently
Typing speed	WPM PC Skills			
Other proficiencies:				
of Plant City to verifinformation found no understand and acknowledges.	ormation given in this application by this information and to detent to be materially correct consuledge that any employment with or wellowers at any time, with or wellowers.	ermine my capabilit stitutes grounds for th the City is on an '	ies for employme my dismissal or	ent. I understand that any denial for employment. I
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:
			Lived there from/ to/
Next Prev	vious Address: _		City:
State	Zip	County	City: Lived there from/ _/ to/ _/
Next Prev	vious Address: _		City:
			Lived there from/ _/ to/ /
Next Prev	vious Address: _		City:
State	Zip	County	Lived there from/ to/
Next Prev	vious Address: _		City:
State	Zip	County	Lived there from/ _/ to/ _/
Next Prev	vious Address: _		City:
State	Zip	County	Lived there from/ _/ to/ _/
Next Prev	vious Address: _		City:
State	Zip	County	Lived there from/ _/ to/ _/
Next Prev	vious Address: _		City:
State	Zip	County	Lived there from/ to/
Next Prev	vious Address: _		City:
State	Zip	County	Lived there from/ _/_ to/ _/
Next Prev	vious Address: _		City:
State	7in	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 ca	ategory that applies to you:
An hono	rably discharged disabled veteran who has a service-connected compensable disability;
	use of an honorably discharged veteran who has a total and permanent, service-connected y which disqualifies the veteran for employment;
The spou	use of any person who is missing in action, captured, forcibly detained or interned in the line of
	n who was honorably discharged from the Armed Forces of the United States of America if any such active duty was performed during a wartime era (as defined by Florida law); or
The unre	emarried widow or widower of a veteran who died of a service-connected disability.
BRANCH OF S	SERVICE DATE OF ENTRY DATE OF DISCHARGE
Please answe	er the following questions:
	urrently or have you ever been employed by any State or any agency or a political subdivision of 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)? YESNO
2. Did you or	your spouse serve on active duty (i.e. not in training or reserves)? YESNO
he/she may f A complaint If no notice i of the date t	pplicant claiming veteran's preference for a vacant position is not selected for the vacant position, file a complaint with the Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. must be filed within 21 days of the applicant receiving notice of the hiring decision made by the City. s given by the City and the position has been filled, a complaint must be filed within three (3) months he application was received by the City. If the position has not been filled, the complaint deadline is not been filled, the position is filled.
PRINT NAME_	SIGNATURE

APPLICANT DATA RECORD

NAME:			DAT	E:	
Applicants for employment origin, age, disability or manumber of women, minoriti this Applicant Data Record	rital status. However, and veterans wh	ver, the Federa	l Government requi	ires that the City ke	ep statistics on the
The information you provid Employment during the enti for employment with the Ci	re hiring process. F	-	<u>*</u>	• •	
☐ Male ☐ Female	Date of Birth:			☐ White	☐ Black
☐ Hispanic ☐ America	n/Alaskan Native		Asian/Pacific Island	der	
How did you learn about th	is job opening?				
☐ Newspaper ☐ School	☐ Job Posting	☐ Job Line	☐ City Web Site	☐ Friend/Relative	☐ Walk-in
☐ State Employment Office	e 🗖 Other:				
	RELEASE	OF INFORM <i>A</i>	ATION AGREEME	NT	
	<u>PR</u>	RINT ALL INF	ORMATION		
Name:			*Soc. Sec	e.#	
(PRINT) Driver License Number:	FIRST M	IIDDLE L	AST State:		
In connection with my applicated the credit, criminal convictions my character, work habits, previous employers. Furth agencies that maintain record claim records. I authorize without reservat Plant City and release all pronsent shall be valid in original credit.	motor vehicle and performance, educater, I understand that ds concerning my party or ago arties involved from	other reports with ion and experient information past activities remarks ency contacted many liability	then applicable. The ence along with reason may be requested felated to my driving, to furnish the above	ese reports will include ons for termination of from various Federal credit, and criminal, e referenced inform	de information as to f employment from al, State, and other civil and insurance ation to the City of
Amlicant's Signature			Data		
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.

Printed Name	Signature	Date

HR 58A Rev. 11/18

EMPLOYMENT INQUIRY/RELEASE FORM

Please Print

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

DATE SIGNED

[]YES []NO

APPLICANT Please Print

NAME:	FIRST	MIDDLE	LAST	
CURRENT ADD	RESS: :			Dates FROM:
CITY:		STATE:		ZIP CODE:
HOME PHONE			CELL PHONE NUMBER	
SOCIAL SECUR				
DRIVERS LICE			STATE OF ISSUE:	
1st PREVIOUS A	DDRESS:			Dates FROM: TO
CITY:		STATE:		ZIP CODE:
2 nd PREVIOUS A	ADDRESS: :			Dates FROM: TO
CITY:		STATE:		ZIP CODE:
3 rd PREVIOUS A	ADDRESS: :			Dates FROM: TO
CITY:	<u> </u>	STATE:	<u> </u>	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.

MPLOYER Please Print

(X)

EMPLOYER NAME:	MEMBER NUMBER:				
ADDRESS:					
CITY:	STATE:	ZIP CODE:			
TELEPHONE NUMBER:		FAX NUMBER:			
AUTHORIZED EVIDLOVED DEDDE	CENTATRIE (LACT FIDOT)				

AUTHORIZED EMPLOYER REPRESENTATIVE: (LAST, FIRST)

SIGNATURE OF APPLICANT

Company's Certification: 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 <u>purposes</u>.

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 SS# / /	Middle	Last		
I certify that I,(Print Name)				
substance in the previous two years. Ac	-	-		
and as a condition of employment, I rec	quest my former employe	r,, (Name of organization)		
to release the information listed below r	regarding my participation	n in the alcohol and controlled substance		
testing program for the previous two yes	ars.			
	(Signature)			
]	REQUESTING AGENO	CY:		
City of Plant City Human Resources Department P. O. Box C Plant City, FL 33564				
INDIVIDUAL PARTICIPATION DA	ATES IN PROGRAM P	ER 49 CFR PART 382		
Starting Date:	Ending Da	te:		
Date Last Tested:	Test Resul			
Additional Test Dates	Test Resul	t:		
Did this person have any of these violat If yes, check as applicable: Alcohol consumption while on dutyAlcohol consumption within 4 hourAlcohol consumption within 8 hourAlcohol concentration 0.04 or greatePossession of alcohol while on dutyUse of controlled substance while orRefusal to take test	s prior to safety sensitive s after accident and prior er or positive test for conf	functions to testing crolled substance		



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