

City of Brooksville



Employment Application

Position Applied For

Middle Initial

First Name

Applicant's Last Name

To All Applicants:

The City of Brooksville has a commitment to provide the best service possible to our community. The selection of qualified employees is the first critical step in our commitment to quality. We need your cooperation by carefully completing this application which will assist us in making the best hiring selections.

If you have any questions regarding this application, require assistance, or desire information relating to this or other positions with the City, please contact the Human Resources office at (352) 540-3810, and we will be happy to assist you.

IMPORTANT INSTRUCTIONS

Our application form is designed to provide you with the opportunity to illustrate your qualifications. Please review the entire application form before you start. Following directions in completing this application form is part of the evaluation process. You may submit a resume and other supporting information along with your application, however, all sections of the application must be completed or it will not be considered. Information contained in your application will be verified.

Please check areas in which you are competent:

OFFICE SKILLS

- | | | |
|--|---|---|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Filing | <input type="checkbox"/> Typing: _____ wpm |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Transcription of Minutes | <input type="checkbox"/> Office Equipment (fax, copier) |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Spreadsheets/Database | |
| <input type="checkbox"/> Software/Computer Applications: _____ | | |

TRADE SKILLS

- | | | |
|---|--|---|
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Automotive/Mechanical | <input type="checkbox"/> Map Preparation |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Grounds Keeping | <input type="checkbox"/> Rough Carpentry |
| <input type="checkbox"/> Pipefitting | <input type="checkbox"/> Photography | <input type="checkbox"/> Finished Carpentry |
| <input type="checkbox"/> Reading Blueprints | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Drafting/Graphics |
| <input type="checkbox"/> Electrical Repair Work | <input type="checkbox"/> Refrigeration/Repair | <input type="checkbox"/> Heavy Equipment/Mechanical |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Automotive/Bodywork | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Asphalt Repair | <input type="checkbox"/> Map Reading | |

EQUIPMENT SKILLS

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Cranes | <input type="checkbox"/> Pay Loaders | <input type="checkbox"/> Power Tools |
| <input type="checkbox"/> Ditching Machines | <input type="checkbox"/> Power Mowers | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Air Hammers | <input type="checkbox"/> Tractors | <input type="checkbox"/> Bulldozers |
| <input type="checkbox"/> Other (please list): _____ | | |

PROCESSING OF APPLICATIONS

Applicants may be conditionally hired based on their education, training and experience subject to successful completion of: 1) a health screening, including a drug/alcohol screen test; 2) a personal background investigation; 3) a motor vehicle report (if driving is required for the position); and 4) when applicable, physical agility and/or written examination.

Documentation substantiating military service will be required if "Veteran's Preference" is requested.

When hired, we require that each individual provide documentation to show their identity and authorization to work as mandated by the Immigration Reform and control Act of 1986.

Thank you for applying to the City of Brooksville!

CITY OF BROOKSVILLE

Unconditional Release of Background Information

TO WHOM IT MAY CONCERN:

RE: Pre-employment Information

The City of Brooksville needs to thoroughly investigate and evaluate my qualifications for employment, and I would appreciate your assistance and/or cooperation in providing background information. It is in the public's best interest that all relevant information concerning my background be disclosed on my personal and professional history. It may be necessary that the City discontinue processing my application if you decline to disclose the information requested.

I hereby authorize any representative of the City bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct that you disclose and release such information. The intent of this authorization is to give my consent for full and complete disclosure and full and free access to the background and history of my personal and professional life, however confidential it may appear to be, for the specific purpose of the City pursuing a background investigation to determine my suitability for employment.

Regardless of any agreement I may have made with you previously to the contrary, I consent to your release of any and all public and private information that you have concerning me, my work record, my background, my educational records, attendance records and discipline.

I, and on behalf of my heirs, family, and associates, hereby release you as the custodian of such records and/or information, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and/or release of information, or any attempt to comply with my request, including any liability or damage pursuant to any Federal or State Laws. A photocopy or faxed copy of this Release Form will be as valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

For and in consideration of the City's acceptance of my application for employment, I, and on behalf of my heirs, family, and associates, agree to hold the City, its agents and employees harmless for any and all claims of liability associated with my application for employment and the use or dissemination of any information obtained as a result of this release or otherwise obtained, and/or the decision whether or not to employ me. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be provided to the proper authorities.

This waiver is valid for a period of 90 days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed below.

Applicant's Name: _____ Telephone No. _____

Current Address: _____ City: _____

_____ State/Zip: _____

Authorized Signature: _____ Date: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ___ day

of _____, 20___, by

_____ (name of person making statement) who, is Personally Known OR

Produced _____ as identification, and who (did) (did not) take an oath.

[Signature of Notary Public]

[Printed, typed or stamped name of Notary Public]

CITY OF BROOKSVILLE
Human Resources Division
201 Howell Avenue
Brooksville, Florida 34601-2041



EMPLOYMENT APPLICATION
(352) 540-3810

APPLICATION STATEMENT

I understand that this application will be given every consideration but is not an offer or promise of employment.

I understand that if hired, my employment will be for no definite time period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment for any or no reason at any time with or without notice and the City has the same right. No one other than the City Manager has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the City reserves the right to require me to submit to a physical agility demonstration if required for my Classification and to drug/alcohol testing prior to employment and at any time during my employment to the extent required or permitted by law.

I understand that the City may investigate my driving record, criminal record if any, and background check. I specifically authorize current and past employers and educational institutions to disclose to the City all records pertinent to my employment with them. These inquiries may include information as to my character, general reputation, personal characteristics, job performance and mode of living. I understand that I have the right to make a written request within 10 days of this application to obtain additional information about the nature and scope of these investigations.

I understand that if I am employed, I will be on a probationary status for 6 months or such longer period as may be required for my Classification.

I certify that all statements made by me on this application are true and complete. I understand that should I be employed, any omitted, false, misleading, incorrect, or incomplete oral or written statements made in connection with my application may result in my dismissal.

DO NOT SIGN UNTIL YOU READ AND AGREE TO THE ABOVE STATEMENTS

Signature: _____ Date: _____

WE ARE AN EQUAL OPPORTUNITY, DRUG AND ALCOHOL FREE WORKPLACE EMPLOYER

Employment applications are active for a minimum of three months. Once an application has been submitted to Human Resources, it is a public record. It is the applicant's responsibility to notify the City of any changes.

GENERAL INFORMATION

POSITION APPLIED FOR: _____ DATE: _____

Please review the job description and requirements for the position you are applying for; if you do not meet the minimum qualifications your application will not be processed.

Name: _____ SSN _____

Street Address: _____

Previous Address: _____ From: _____ To: _____

Telephone Numbers: Home (_____) _____ Work (_____) _____

Emergency Contact Name: _____ Relationship: _____

Citizen of the United State? YES NO

Are you under 18 years old? YES NO

Date available to work: _____ Full-time Part-Time Temporary

Available Weekends Nights Holidays Minimum Weekly Starting Pay: \$ _____

Have you ever been employed by the City: NO YES When? _____

Position held: _____ Reason for leaving? _____

Do you have any relatives who are employees of the City? NO YES

List name and relationship: _____

Have you ever stolen from your current or a past employer? NO YES (Attach explanation)

Have you ever been terminated or asked to resign from any job? NO YES

Explain the circumstances: _____

Are you on layoff and/or subject to recall? NO YES (Explain)

EDUCATIONAL INFORMATION

Circle Highest Grade Completed:

High
9 10 11 12

College
1 2 3 4

Graduate
1 2 3 4

Name/Address of School	Major/Minor	Degree Type	GPA	Graduated?	
				Yes	No

Attach additional sheet if required.

DRIVERS LICENSE

Issuing State: _____

Type of License: Operator Commercial Restricted Exp. Date: _____

If Commercial, include classification: A B C D

Is your license currently suspended or revoked? NO YES Explain: _____

Has your license ever been suspended or revoked? NO YES Explain (include dates):

EXPERIENCE

THIS SECTION MUST BE COMPLETED FULLY

1. Follow all instructions on page 5.
 2. **Complete all information requested, even if duplicated in resumé or other optional attachment.** Begin with your most recent job. Separately list each job, and any period of unemployment. **Do not leave gaps in employment history.**
 3. List names of all employers within the past 10 years (use additional sheet if necessary).
 4. If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.
 5. If you have been employed under any other name(s), list name(s) by each employer as applicable.
-

Employer: _____ Your Job Title: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Business Type: _____
Start Date: _____ Weekly Pay: \$ _____ Ending Date: _____ Ending Pay: \$ _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____ Your Job Title: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Business Type: _____
Start Date: _____ Weekly Pay: \$ _____ Ending Date: _____ Ending Pay: \$ _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____ Your Job Title: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Business Type: _____
Start Date: _____ Weekly Pay: \$ _____ Ending Date: _____ Ending Pay: \$ _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for Leaving: _____
If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____ Your Job Title: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Business Type: _____
Start Date: _____ Weekly Pay: \$ _____ Ending Date: _____ Ending Pay: \$ _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for Leaving: _____
If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____ Your Job Title: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Business Type: _____
Start Date: _____ Weekly Pay: \$ _____ Ending Date: _____ Ending Pay: \$ _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____ Your Job Title: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Business Type: _____
Start Date: _____ Weekly Pay: \$ _____ Ending Date: _____ Ending Pay: \$ _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer regarding your employment record? YES NO



VETERANS' PREFERENCE CERTIFICATION

Date: _____

Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

- (a) A disabled veteran:
 1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
 2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.
- (b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- (c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.
- (d) The unremarried widow or widower of a veteran who died of a service-connected disability.
- (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- (f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.
- (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code. Please contact HR at 352-540-3826 if you have any questions. This statement is true to the best of my knowledge and belief.

By _____

Printed Name

ADDITIONAL INFORMATION

(Please Print — Do Not Type)

What are your primary strengths and weaknesses? Why do you want to work for the City of Brooksville? List any additional information that should be considered in evaluating your application.

Why do you believe the City should hire you rather than another applicant?

FOR OFFICE USE ONLY:

Date Received: _____	Resume Attached:	YES	NO
Retention Period: _____	Reviewed for Position:	YES	NO
Interviewed: YES NO	Job Offered:	YES	NO

REFERENCES

PERSONAL

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

PROFESSIONAL

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

CRIMINAL RECORD INFORMATION

Information concerning convictions will not necessarily disqualify an applicant.

Have you ever been convicted, entered a plea of no contest, fined, had prosecution deferred or adjudication withheld for any crime (except minor traffic violations), or is there a criminal charge pending against you?

NO YES

if yes, give details (nature of the offenses, date, location, disposition, including fines, prison, and suspended sentences, probation served, and also convictions during military service). Records will be checked as applicable. Attach additional sheets if required.
