

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent job first.) Account for all time periods including **unemployment, self-employment** and **military service**. (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final) ()	Telephone No.
Work Performed		
Reason for Leaving		

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Have you ever been known by any other name? Yes No If **Yes**, provide name(s).

Have you ever been dismissed or forced to resign from any employment? Yes No If **Yes**, please explain.

Have you ever been disciplined or fired for insubordination? Yes No If **Yes**, please explain.

Have you ever been disciplined or fired for violating a safety rule? Yes No If **Yes**, please explain.

Have you ever been disciplined or fired for fighting, assault or similar offenses? Yes No If **Yes**, please explain.

Have you ever been sued for an intentional tort (such as fraud, assault, battery, etc.)? Yes No If **Yes**, please explain the nature of the tort or suit and the disposition of the action. (Attach separate paper if necessary.) _____

Do you have transportation to work? Yes No Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No If **Yes**, please explain:

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

Are you now employed? Yes No Are you on a layoff? Yes No Are you subject to recall? Yes No

May we contact your present Employer? Yes No Previous Employers? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

CHARACTER REFERENCES:

List three persons **not related to** you, whom you have known at least one year.

NAME

ADDRESS AND TELEPHONE

OCCUPATION

1. _____

2. _____

3. _____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

Have you filed an application here before? Yes No If **Yes**, give date: _____

Have you ever been employed here before? Yes No If **Yes**, give dates: _____

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information provided in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature _____ Date _____

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

APPLICANT

SUPPLEMENTAL INFORMATION FORM

CITY OF PORT ORANGE FLORIDA

The Federal Government requires that the City Government of Port Orange, Florida collect and maintain data indicating the race, sex, age, disability status and veterans status of each applicant for employment, promotion, demotion, transfer and termination. The information obtained on this form is used only by the Personnel Department to compile this statistical information required by the Federal Government, none of this information is provided to the individual conducting the interview, and will not be used to affect or make any employment or promotional decisions in the City government.

COMPLETION OF THIS FORM IS VOLUNTARY AND THIS INFORMATION WILL NOT AFFECT YOUR EMPLOYMENT STATUS.

Date _____ Social Security Number _____

Name: _____ Address: _____

Telephone: _____

Position applying for _____

1. DISABILITY STATUS.

For purposes of the Americans with Disabilities Act and completion of this form a "Person with a Disability" or a "Handicapped Person" is any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. The impairment must be such that it substantially limits one or more major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Do you have a disability? ___yes ___no

Do you require a job accommodation as a result of a disability?
___yes ___no

2. **VETERANS STATUS**

For purposes of completing this form, "**VETERANS**" shall mean any person who served at least one day in the active services of the Armed Forces of the United States during an armed conflict or war as specified by the Federal Government, and has been discharged or released under other than dishonorable conditions.

"**DISABLED VETERAN**" means a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 per cent (30%) or more or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Please indicate the appropriate Veterans group to which you belong if appropriate.

_____ World War II	_____ Vietnam Era
_____ Korean Conflict	_____ Desert Storm
_____ Disabled Veteran	_____ Spouse of a totally disabled veteran

3. **RACE INFORMATION:** Please check the appropriate race group below.

- "**AMERICAN INDIAN OR ALASKAN NATIVE**" All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- "**ASIAN OR PACIFIC ISLANDER**" All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- "**BLACK**" (Not of Hispanic Origin) All persons having origins in any of the Black racial groups of Africa.
- "**HISPANIC**" All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.
- "**WHITE**" (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

4. **SEX DATA** Please check the appropriate sex group to which you belong. _____ Male _____ Female

5. **AGE DATA** Please indicate the appropriate age group to which you belong. _____ 18 or less _____ 19-39 _____ 40-70

CITY OF PORT ORANGE, FLORIDA
EMPLOYMENT APPLICATION SUPPLEMENT
VETERAN'S PREFERENCE FORM

The City of Port Orange provides veteran's preference in employment opportunities in compliance with Florida law.

If you are claiming veteran's preference, please indicate on the appropriate line below.

Documentation substantiating your claim must be furnished at the time of application, to include DD 214, and Veterans Administration documentation if applicable.

- 1. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era declared by U.S. Congress. Active duty for training is not allowable.

- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

- 3. The unremarried widow or widower of a veteran who died of a service-connected disability.

- 4. A veteran entitled to preference because of other reasons. List the specific reason below.

_____ Date of Entry on Active Duty.

_____ Date of Discharge from Active Duty.

_____ Branch of Service.

Have you ever been employed as a result of veterans preference?

_____ YES _____ NO

If yes, Give name of employer: _____

Note: Under Florida law, preference in employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming a veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, Florida 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.

NOTE:

INFORMATION PROVIDED ON THIS FORM IS VOLUNTARY ESPECIALLY INFORMATION CONCERNING DISABILITIES; THE INFORMATION IS NECESSARY IN ORDER FOR VETERANS PREFERENCE TO BE APPLIED AND WILL ONLY BE USED FOR THIS CONSIDERATION.

CITY OF PORT ORANGE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Port Orange, Florida, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of educational institutions, financial or credit institution, including records of loans, the records of commercial or other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation including hospital clinics, private practitioners, and the U.S. Veteran's Administration employment and pre-employment records, including background report efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other council, whether representing me or another person in any case, either civil or criminal, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Port Orange. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this Release Form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Street Address

City, State, Zip

Telephone

_____/_____
Date of Birth/Social Security Number

Drivers License Number