



APPLICATION FOR EMPLOYMENT

The City of DeBary is an Equal Employment Opportunity Employer

APPLICANT'S STATEMENT: I understand that the City of DeBary is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, citizenship status, service member status, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the City of DeBary or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the City of DeBary. I also authorize the City of DeBary to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

I understand that the City of DeBary reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the City of DeBary or its designee. I release the City of DeBary and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other City of DeBary documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for three months from the date of my hiring and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that the City of DeBary has a similar right. I understand that no manager, representative, or agent of the City of DeBary has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the Manager may do so in writing.

In return for the City of DeBary's agreement to arbitrate legal disputes and for considering this application, I agree by signing below that any dispute of a legal nature arising under federal, state, or local law between me and the City of DeBary (including any such claim regarding discrimination, harassment, or any other legal dispute relating to my employment arising under any labor, employment, or civil rights law) will be subject to final and binding arbitration in accordance with the City of DeBary's arbitration procedures. I understand that the arbitrator, who will serve as judge and jury, has the same authority to award money damages and other relief, as does a court or jury. If employed, and if required, I agree to sign a stand-alone arbitration agreement that would supplement this one. The City of DeBary's arbitration procedures are available for my review on request.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the City of DeBary's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a separate written notification that the City of DeBary may obtain a "consumer report" (for example, criminal history, driving records, etc.) on me for use in connection with my application and, if I am hired, my employment. I authorize the City of DeBary to obtain this report.

This application will be considered "active" for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

_____ Date

_____ Applicant's Signature

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

PERSONAL DATA

Last Name	First Name	Middle Name	E-Mail Address
Present Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____	
Previous Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____	
Telephone Number(s) (Home, Cell, other)		Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired: _____		Placement Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
When are you available for work? _____			

CURRENT AND PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time, seasonal and all other employment. If self-employed, give company name and supply business references. If you need more space, use a separate sheet of paper. DO NOT ANSWER "SEE RESUME." Fill out this form **completely**.

Employer 1		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	Were you ever disciplined? If so, for what?
Reason for Leaving				
Employer 2		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	Were you ever disciplined? If so, for what?
Reason for Leaving				
Employer 3		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	Were you ever disciplined? If so, for what?
Reason for Leaving				
Employer 4		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	Were you ever disciplined? If so, for what?
Reason for Leaving				

BACKGROUND INFORMATION

How many days of scheduled work did you miss in the last 24 months, not including vacations, holidays and other approved leave? _____

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

List any other names which you may have used and which will be necessary to verify prior to your employment: _____

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes No

If not, what steps must be taken for you to begin employment lawfully? _____

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances (use a separate sheet of paper if necessary): _____

May we contact your current employer? Yes No

If no, please explain: _____

Have you ever worked for the City of DeBary? Yes No

If yes, please give dates, position and location: _____

Do you have any friends or relatives working here or for a related entity? Yes No

If yes, Name(s), relationship and location: _____

How were you referred to us? _____

Have you ever plead no contest, nolo, or guilty to a crime, or been convicted of a crime? Yes No

Are any charges currently pending against you? Yes No

Has any adjudication ever been withheld? Yes No

(NOTE: Answering "yes" to these questions does not constitute an automatic bar to employment.) If you answered yes to any of the preceding questions, please give dates and details:

Do you have any commitments to any other employer which may affect your employment? Yes No

If yes, explain: _____

EDUCATION

Education	Years Completed (Circle)	School Name & Location (City, State)	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

RELEVANT EXPERIENCE

Please indicate positions you have held in prior jobs:

<u>Management/Supervision</u> <input type="checkbox"/> General Manager <input type="checkbox"/> Operations Manager <input type="checkbox"/> Sales Manager <input type="checkbox"/> Warehouse Manager <input type="checkbox"/> Office Manager <input type="checkbox"/> Shift Supervisor <input type="checkbox"/> Other: _____	<u>Office/Administrative/Sales</u> <input type="checkbox"/> Accounting <input type="checkbox"/> General Clerical <input type="checkbox"/> Secretary (wpm: _____) <input type="checkbox"/> Switchboard/Receptionist <input type="checkbox"/> Sales Representative <input type="checkbox"/> Customer Service <input type="checkbox"/> Other: _____	<u>Production</u> <input type="checkbox"/> Machine Operator <input type="checkbox"/> Mechanic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<u>Warehouse</u> <input type="checkbox"/> Stock Clerk <input type="checkbox"/> Forklift Operator <input type="checkbox"/> Order Picker/Puller <input type="checkbox"/> Stacker/Loader <input type="checkbox"/> Shipping/Receiving Clerk <input type="checkbox"/> Delivery <input type="checkbox"/> Other: _____
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List any job-related designations, certifications, licenses, or courses that may be applicable to the position for which you are applying:

OTHER INFORMATION

Please describe any other experience that you have which would be relevant to the job for which you are applying:

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No If yes, License No.: _____ State: ____ Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? Yes No If yes, explain: _____

Do you have personal automobile insurance? Yes No If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No If yes, explain: _____

Have you ever been convicted, pled guilty, or pled nolo to a charge of DWI or DUI? Yes No

Are any such charges currently pending against you? If yes to either question, explain: _____

Are any such charges currently pending against you? If yes to either question, explain: _____

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

VETERANS' PREFERENCE

Name _____ Have you ever served in the armed forces? Yes No

If yes, Branch of Service _____ Date Entered _____

Date Discharged _____ Type of Discharge _____

Do you want to claim veteran's preference? Yes No

If yes, you must provide the required documentation noted below to confirm eligibility and complete the following:

I am claiming veterans' preference based on the following: (please check appropriate response)

- Disabled Veterans: 15 points/percent.** At the time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge as well as documentation certifying a service connected disability to be eligible for this benefit.
- The spouse of a Veteran with a total and permanent service-connected disability, Missing in action, Captured in line of duty by a hostile force, or Detained or Interned in line of duty by a foreign government or power: 10 points/percent.** At the time of application you must supply evidence of marriage and a statement that you are still married to Veteran; applicable military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge; applicable documentation certifying the Veteran has a service connected disability and proof that the disabled Veteran cannot qualify for employment because of the service connected disability; if applicable certification that the active duty Veteran is listed as missing in action, captured in line of duty or forcibly detained or interned in line of duty to be eligible for this benefit.
- A Veteran of any war who has served at least one day during that wartime period of who has been awarded a campaign or expeditionary medal: 10 points/percent.** At time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge to be eligible for this benefit.

Wartime periods include:

World War II: December 7, 1941 – December 31, 1946
Korean Conflict: June 27, 1950 – January 31, 1955
Vietnam Era: February 28, 1961 – May 7, 1975
Operation New Dawn: September 1, 2010 – TBD

Persian Gulf War: August 2, 1990 – January 2, 1992
Operation Enduring Freedom: October 7, 2001 - TBD
Operation Iraqi Freedom: March 19, 2003 - TBD

- The unremarried widow or widower of a Veteran who died of a service-connected disability: 10 points/percent.** At the time of application you must supply evidence of marriage and a statement that you remain unmarried, certification from the Department of Defense that your spouse died as the result of a service-connected disability to be eligible for this benefit.
- The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions: 10 points/percent.** At the time of application you must supply certification of your relationship to the Veteran and for widows or widowers that you remain unmarried and that the Veteran died while on duty status under combat-related conditions to be eligible for this benefit.
- A Veteran as defined in Section 1.01 (14), Florida Statutes: The term 'Veteran' means a person who served in the active military, naval, or air service and who was discharged under honorable conditions: 5 points/percent.** At the time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge to be eligible for this benefit.
- A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard: 5 points/percent.** At the time of application you must supply a letter from your Commanding Officer stating the dates of your military service to establish that you are currently active to be eligible for this benefit.

If you believe that you did not receive veterans' preference in accordance with FL Administrative Code, you have the right to an investigation by filing a complaint with the Florida Department of Veterans' Affairs, PO Box 31003, St. Petersburg, FL 33731, within three months of the date the application was filed.