



APPLICATION FOR EMPLOYMENT

The City of DeBary is an equal employment opportunity employer and adheres to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, genetic information, disability, veteran status, sexual orientation/gender identity, citizenship status, marital status or any other status protected by law. Opportunity for employment with the city depends solely upon the applicant's qualifications.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the employer. Please contact human resources if you need assistance completing any forms or to otherwise participate in the application process.

Complete all information within this application in its entirety. Type or print in ink. Resumes are not accepted in lieu of completion of this application. A separate application must be submitted for each vacancy. Photocopies are acceptable. All information provided will be public record and will be released upon request, unless exempt or confidential. Sign the Certification Section on page 3. All information submitted is subject to verification. Application deadline for acceptance by Human Resources is 5:00 p.m. EST on the announced deadline date.

I. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Days and hours available for work
How were you referred to the City? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____			
<input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other (Please specify) _____			

II. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address		Email Address	Home Phone ()
City		State	Zip
Cell Phone ()		Have you ever been involuntarily terminated or requested to resign? If "Yes" explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If required for the position, do you have a valid driver license? If yes, please provide number: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name:	
Are you able to perform the essential functions of the position as listed and described on the job description with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

Name if different while attending school:



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IV. SKILLS - If Applicable for Position for Which You Are Applying

Foreign Languages (indicate proficiency to speak, read and write)
PC Skills (Indicate software used)
Other Skills
Do you have any experience, training, qualifications or special skills that you think make you especially suited for work in the position for which you have applied? (Explain)

V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Current rate of pay \$	
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Rate of pay at separation \$	
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Rate of pay at separation \$	
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Rate of pay at separation \$	
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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VI. VETERANS' PREFERENCE

Please complete page 4 with your application if you are applying for Veterans' Preference

VII. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am under the influence of drugs or alcohol, I may be required to take a drug/alcohol test. I also understand that I may be required to submit to a random drug/alcohol test during the course of employment.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application, résumé and other documents submitted are true and complete to the best of my knowledge. I understand that any omissions, misstatements, misrepresentations or omissions may disqualify me from further consideration for employment and may result in my dismissal from employment if discovered at a later date. I consent to the release of information about my ability, employment history and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations to investigators and personnel staff for employment purposes. This consent shall continue to be effective during my employment if I am hired.
Applicant Signature:	
Date:	



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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 unremarried, 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 unremarried 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.