



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 political affiliation, race, color, national origin, religion, marital status, disability, sexual orientation, age, gender, 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. 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. The Acknowledgement Section on page 4 must be signed. 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 | Days and hours available for work |
|------------------|----------------|-----------------------------------|

II. PERSONAL INFORMATION

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

III. EDUCATION INFORMATION

| School Level | Name and Location of School | Course of Study | Indicate last grade completed | Did you graduate? | Degree or Diploma |
|--------------------------|-----------------------------|-----------------|-------------------------------|-------------------|-------------------|
| High School | | | 1 2 3 4 | Y N | |
| College/University | | | 1 2 3 4 | Y N | |
| Post Graduate | | | 1 2 3 4 | Y N | |
| Business/Trade Technical | | | 1 2 3 4 | Y N | |



APPLICATION FOR EMPLOYMENT

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

PC Skills (Indicate software used)

Other Skills/Certifications

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 HISTORY (start with current or most recent employer). If applicable, account for a minimum of 10 years. Include 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 | Rate of Pay \$ | |
| | Job Title | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | May we contact this employer? Yes No | |
| 2 | Company Name | | Phone | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | City | State | Zip | Rate of Pay \$ | |
| | Job Title | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | May we contact this employer? Yes No | |
| 3 | Company Name | | Phone | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | City | State | Zip | Rate of Pay \$ | |
| | Job Title | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | May we contact this employer? Yes No | |
| 4 | Company Name | | Phone | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | City | State | Zip | Rate of Pay \$ | |
| | Job Title | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | May we contact this employer? Yes No | |



APPLICATION FOR EMPLOYMENT

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.

VI. BACKGROUND/DRIVING INFORMATION

Have you ever plead no contest, nolo contendere, or guilty to a crime, or have you been convicted of a felony, first-degree misdemeanor, or any other crime related to the position for which you are applying? 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:

Has your driver's license ever been suspended or revoked? Yes No

If yes, explain:

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

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 |
|---------|------|----------|----------|
| | | | |
| | | | |
| | | | |

VIII. VETERANS' PREFERENCE

Please complete and return page 5 with your application if you are applying for Veterans' Preference



APPLICATION FOR EMPLOYMENT

IX. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

| | |
|----------------------------|--|
| Initial | 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 six 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 City Manager may do so in writing. |
| 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 random drug/alcohol tests 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. The City of DeBary participates in the E-Verify process. |
| Initial | 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. |
| Initial | I hereby acknowledge that I have read the above statements and understand them. 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 human resource staff for employment purposes. This consent shall continue to be effective during my employment if I am hired. 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. |
| Initial | I understand that I am signing this application electronically by printing/typing my name below. I agree that this electronic signature is the legal equivalent of my manual signature. |
| Applicant Signature: _____ | |
| Date: _____ | |



APPLICATION FOR EMPLOYMENT

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 and 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 unmarried 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, and 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 unmarried 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.



APPLICATION FOR EMPLOYMENT

EEO-1 Voluntary Self Identification Form

Voluntary Information

To comply with the regulations for equal opportunity and affirmative action (EEO/AA), we must track our applicants by gender and race/ethnicity and the position for which they applied. As a municipal employer, we comply with federal record keeping, reporting and affirmative action responsibilities. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. This form is kept separate from your application, and will be processed/filed separately. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resource Department and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the federal government. When reported, data will not identify any specific individuals. Qualified applications are considered for each position and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability. Solely to help us comply with federal record keeping, reporting and other legal requirements, please fill out the survey.

NAME: _____

POSITION APPLIED FOR: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.



APPLICATION FOR EMPLOYMENT

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Identifying yourself as an individual with a disability is voluntary. Your answer will be maintained confidentially and not be seen by selecting individuals or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

| | | |
|---|---|--|
| • Autism | • Cerebral palsy | • Intellectual disability |
| • Autoimmune disorder, for example lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS | • Deaf or hard of hearing | • Missing limbs or partially missing limbs |
| • Blind or low vision | • Depression or anxiety | • Nervous system condition for example migraine headaches, Parkinson's disease, or Multiple Sclerosis (MS) |
| • Cancer | • Diabetes | • Psychiatric condition, for example bipolar disorder, schizophrenia, PTSD, or major depression |
| • Cardiovascular or heart disease | • Epilepsy | |
| • Celiac disease | • Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome | |

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.