

EMPLOYMENT HISTORY

List LAST EMPLOYER first. Include military service and temporary or part-time jobs in proper time sequence. You may include any volunteer work performed.

Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate/Salary Starting Final		
Telephone Number			
Job Title			Reason for Leaving:
Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate/Salary Starting Final		
Telephone Number			
Job Title			Reason for Leaving
Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate/Salary Starting Final		
Telephone Number			
Job Title			Reason for Leaving

INCLUDE ADDITIONAL SHEETS IF NECESSARY

Do you have any objection to your current employer being contacted? YES NO

Describe any **special** experience, skills or qualifications you may have.

Indicate any foreign languages you

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

Personal References & Acquaintances

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who have known you well for the past three (3) years.

Complete Name:	Home Address:
_____	_____
Last First Middle	_____
Years Known: _____	Home Phone: _____
_____	_____
Complete Name:	Home Address:
_____	_____
Last First Middle	_____
Years Known: _____	Home Phone: _____
_____	_____
Complete Name:	Home Address:
_____	_____
Last First Middle	_____
Years Known: _____	Home Phone: _____
_____	_____

Would you wish to claim Veteran's Preference for this position?

YES NO

If yes, please see City Clerk for proper form to complete.

******PLEASE NOTE THE FOLLOWING BEFORE SIGNING THIS APPLICATION******

- **If this application is incomplete or not signed in ink, it will be rejected without further notice.**
- **An employment physical will include drug screening.**
- **A criminal history background investigation will be conducted.**
- **A driver's license history will be conducted.**
- **On certain job descriptions a credit history will be conducted.**
- **Copy of driver's license, if applicable to position applied.**
- **High school diploma.**

AGREEMENT: To the best of my knowledge, I certify that answers given herein are true and complete. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. In the event of my employment, I will abide by all rules and regulations of the City and understand that **FALSE OR MISLEADING** information given herein or during my interview(s) **WILL** result in immediate discharge.

SIGNATURE

DATE

NON-DISCRIMINATION POLICY: It is the City's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations, or because of race, color, creed, sex, age, or national origin.

Applicants with disabilities will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. All complaints should be submitted in writing to the Director of General Services.

PERSONAL INQUIRY WAIVER

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish to the City of Zephyrhills, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the City of Zephyrhills in determining my qualifications for the position I am seeking with the City of Zephyrhills.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

Applicant's Signature

Date

Address

STATE OF FLORIDA
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this _ day of _____ 20_____, by _____, who is personally known to me or produced _____ as identification and who did/did not take an oath.

(SEAL)

Notary Public

City of Zephyrhills Drug-Free Workplace Acknowledgement & Testing Consent Form

The City Of Zephyrhills is committed to creating and maintaining a workplace free of substance abuse without jeopardizing the job security of a valued employee. To address this problem, the City of Zephyrhills has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. My initials below indicate acknowledgement and agreement to the following:

Initial

_____ I have received a written copy of the city's Drug-Free Workplace Policy

_____ I agree that Lab Corp may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the City of Zephyrhills for analysis. I further agree to hereby authorize the release of the test results to the City of Zephyrhills.

_____ I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

_____ I understand that my current or future use of illegal drugs may prohibit me from being employed at the City of Zephyrhills.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

_____ Pre-employment: As a part of the new-hire process.

_____ Post Accident: After causing, contributing to, or being involved in a workplace accident.

_____ Random: As a part of an unbiased and periodic testing program.

_____ Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT

Print Name: _____ Date: _____

Signature: _____

WITNESS

Print Name: _____ Signature: _____

CITY OF ZEPHYRHILLS

5335 8th Street

Zephyrhills, Florida 33542

(813) 780-0000

ATTENTION – THIS STATEMENT MUST BE READ

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration Act
- To report income pursuant to the Federal Department of Internal Revenue Service
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act
- For Drug Screening Test Identification
- To process your Employment Benefits

Applicant's Signature

Date