

CITY OF BROOKSVILLE EMPLOYMENT APPLICATION



APPLICATION STATEMENT

Thank you for your interest in becoming a part of the City of Brooksville Team! We are excited to bring on new talent and provide you an opportunity to grow with us. Please review our Application Statement and sign/date below.

- I understand that this application will be given every consideration but is not an offer or promise of employment.
- I understand that if hired, my employment will be considered “At Will” and I further understand that I have the right to terminate my employment for any or no reason at any time with or without notice and the City has the same right. No one other than the City Manager has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.
- I understand that the City reserves the right to require me to submit to a physical agility demonstration if required for my Classification and to drug/alcohol testing prior to employment and at any time during my employment to the extent required or permitted by law.
- I understand that the City may investigate my driving record, criminal record if any, and background check. I specifically authorize current and past employers and educational institutions to disclose to the City all records pertinent to my employment with them. These inquiries may include information as to my character, general reputation, personal characteristics, job performance and mode of living. I understand that I have the right to make a written request within 10 days of this application to obtain additional information about the nature and scope of these investigations.
- I understand that if I am employed, I will be on a probationary status for 6 months or such longer period as may be required for my Classification.
- I certify that all statements made by me on this application are true and complete. I understand that should I become employed by the City of Brooksville, any omitted, false, misleading, incorrect, or incomplete oral or written statements made in connection with my application may result in my dismissal.

IF YOU AGREE TO THE ABOVE STATEMENTS, SIGN AND DATE BELOW

Signature: _____ Date: _____

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WE ARE AN EQUAL OPPORTUNITY, DRUG AND ALCOHOL-FREE WORKPLACE EMPLOYER Employment applications are active for a period of 6 months. Once an application has been submitted to Human Resources, under the Florida Sunshine Law it is considered a Public Record.

GENERAL INFORMATION

Name: _____

POSITION APPLIED FOR: _____ DATE: _____

Please review the job description and requirements for the position you are applying for; if you do not meet the minimum qualifications your application will not be processed.

Street Address: _____

Previous Address: _____ From: _____ To: _____

Telephone Numbers: Home (_____) _____ Work (_____) _____

Emergency Contact Name: _____ Relationship: _____

Citizen of the United State? YES NO

Are you at least 18 years of age? YES NO

Date available to work: _____ Full-time Part-Time Temporary

Available Weekends Nights Holidays

Have you ever been employed by the City of Brooksville? NO YES When? _____

Position held: _____ Reason for leaving? _____

Do you have any relatives who are employees of the City of Brooksville? NO YES

List name and relationship: _____

Have you ever been terminated or asked to resign from any job? NO YES

Explain the circumstances: _____

Are you on layoff and/or subject to recall? NO YES (Explain)

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EDUCATIONAL INFORMATION

Circle Highest Grade Completed:

High
9 10 11 12

College
1 2 3 4

Graduate
1 2 3 4

Name/Address of School	Major/Minor	Degree Type	GPA	Graduated?	
				Yes	No

Attach additional sheet if required.

DRIVERS LICENSE

Issuing State: _____

Type of License: Operator Commercial Restricted Exp. Date: _____

If Commercial, include classification: A B C D

Is your license currently suspended or revoked? NO YES Explain: _____

Has your license ever been suspended or revoked? NO YES Explain (include dates): _____

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EXPERIENCE

THIS SECTION MUST BE COMPLETED FULLY

1. Complete all information requested, even if duplicated in resumé or other optional attachment. Begin with your most recent job. Separately list each job, and any period of unemployment. Do not leave gaps in employment history.
3. List names of all employers within the past 10 years (use additional sheet if necessary).
4. If you have been employed under any other name(s), list name(s) by each employer as applicable.

Employer: _____ Your Job Title: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Business Type: _____

Hire Date: _____ Hourly Rate: \$ _____ Last Date of Work: _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____
If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____ Your Job Title: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Business Type: _____

Hire Date: _____ Hourly Rate: \$ _____ Last Date of Work: _____
Name of Supervisor/Contact Person: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____
If currently employed, may we contact your employer regarding your employment record? YES NO

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Employer: _____

Address: _____ Your Job Title: _____

Telephone: _____ City/State/Zip: _____

Business Type: _____

Hire Date: _____ Hourly Rate: \$ _____ Last Date of Work: _____

Name of Supervisor/Contact Person: _____ Title: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____

Address: _____ Your Job Title: _____

Telephone: _____ City/State/Zip: _____

Business Type: _____

Hire Date: _____ Hourly Rate: \$ _____ Last Date of Work: _____

Name of Supervisor/Contact Person: _____ Title: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

If currently employed, may we contact your employer regarding your employment record? YES NO



VETERANS' PREFERENCE CERTIFICATION

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

- (a) A disabled veteran:
 1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
 2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.
- (b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- (c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.
- (d) The unremarried widow or widower of a veteran who died of a service-connected disability.
- (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- (f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.
- (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code. Please contact HR at 352-540-3826 if you have any questions. This statement is true to the best of my knowledge and belief.

By _____

Printed Name

REFERENCES

PERSONAL

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

PROFESSIONAL

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

Name: _____

Telephone (day): _____

Address: _____

City/State/Zip: _____

Years known: _____ Related: YES NO

How Known?: _____

CRIMINAL RECORD INFORMATION

Information concerning convictions will not necessarily disqualify an applicant.

Have you ever been convicted, entered a plea of no contest, fined, had prosecution deferred or adjudication withheld for any crime (except minor traffic violations), or is there a criminal charge pending against you?

NO YES

if yes, give details (nature of the offenses, date, location, disposition, including fines, prison, and suspended sentences, probation served, and also convictions during military service). Records will be checked as applicable. Attach additional sheets if required.

