



# HUMAN RESOURCES DEPARTMENT

100 South Myrtle Avenue, P.O. Box 4748

Clearwater, FL 33756

727-562-4870

Date Recv'd: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

Apply on-line: [www.myclearwater.com](http://www.myclearwater.com)

A City application is required for all positions. Information from the application will be used to determine if minimum qualifications are met. Resumes may be included but are not accepted in lieu of an application form.

Instructions: please print or type. Complete all items; mark N/A to questions that are not applicable. Incomplete, false or evasive answers may result in loss of employment opportunities.

Position applying for: \_\_\_\_\_ Position #: \_\_\_\_\_

PERSONAL INFORMATION	
Last name, First name, Middle Initial	Social Security #
Address	Home Phone #
City, State, Zip	Other Phone #
County	Phone Type Business <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>
E-mail address	E-mail Type Business <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.

How did you learn or hear of the position(s) you are applying for? (check all that apply)

- Ad  Agency  Job Fair  Internet  Phone   
 College  C-View  Job Line  Job Posting  Walk-in   
 Employee  Employee Name/Other Source \_\_\_\_\_

Are you lawfully permitted to work in the United States? Yes  No

Would you work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_

Are you a current City of Clearwater Employee? \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Were you ever employed by the City of Clearwater? \_\_\_\_ If yes, state when, what position and reason for leaving: \_\_\_\_\_

Are you receiving benefits under the City of Clearwater Employee's Pension Plan? Yes  No

### DRIVER LICENSE INFORMATION

Do you have a valid driver's license? Yes  No  License #: \_\_\_\_\_

State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license been suspended or revoked within the past five (5) years? \_\_\_\_ If yes, explain fully, giving date and reason: \_\_\_\_\_

Have you any relatives working for the City of Clearwater?\_\_\_\_\_ If yes, state name(s) and relationship(s):

Please list any other legal names you have been known by or referred to in the past: \_\_\_\_\_

**MILITARY HISTORY/VETERAN'S PREFERENCE**

Were you in the U.S. Armed Forces? Yes  No

Are you claiming Veteran's Preference under Florida Law? Yes  No  (attach documentation)

*Preference eligibility no longer expires upon appointment of the eligible person to a position within the state or any political subdivision; veterans previously ineligible because they held or currently hold a job with a public employer are now eligible to use their preference again with all employers covered by law. In addition, eligible wartime periods now include Operation Enduring Freedom (10-7-01 to present) and Operation Iraqi Freedom (3-19-03 to present).*

**RECORD OF EDUCATION**

Highest Education Level Attained:  Less than HS  HS or Equivalent  Technical  Some college  2 Year Degree  Bachelor's Degree  Some Graduate  Master's Degree  Doctorate

Type of School	School Name - State	Date Last Attended	Graduated		Degree	Major Field of Study
			Yes	No		
High School						
Undergrad College						
Grad School						
Technical, Vocational, Bus						

**LICENSES - CERTIFICATIONS**

Type of License	Number	Issue Date	Expiration Date	State
Issued by:		In process of being renewed?		
Type of License	Number	Issue Date	Expiration Date	State
Issued by:		In process of being renewed?		

## EMPLOYMENT HISTORY

Start with your present or last job and work back. Include at least the last 10 years of employment history including paid or unpaid, full or part time, summer jobs, etc. Additional employment history can be submitted on the City of Clearwater's "Additional Position Information" sheet.

May we contact your present employer? Yes  No

Note: We may contact any previous employer to verify your descriptions of past duties and reasons for separation.

<b>1.</b>	Employer:	Address, City, State, Zip		
	Title	Supervisor's Name & Title		Phone #
	Start Date	End Date	Hours/week	Ending Salary Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>
Reason for Leaving (or indicate "Current Employer")				
Description of duties and responsibilities				

<b>2.</b>	Employer:	Address, City, State, Zip		
	Title	Supervisor's Name & Title		Phone #
	Start Date	End Date	Hours/week	Ending Salary Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>
Reason for Leaving (or indicate "Current Employer")				
Description of duties and responsibilities				

<b>3.</b>	Employer:	Address, City, State, Zip		
	Title	Supervisor's Name & Title		Phone #
	Start Date	End Date	Hours/week	Ending Salary Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>
Reason for Leaving (or indicate "Current Employer")				
Description of duties and responsibilities				

4. Employer:		Address, City, State, Zip	
Title		Supervisor's Name & Title	Phone #
Start Date	End Date	Hours/week	Ending Salary Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>
Reason for Leaving (or indicate "Current Employer")			
Description of duties and responsibilities			

Have you ever been discharged or forced to resign? Yes  No   
 If yes, please give date, employer's name and address and the reason: \_\_\_\_\_

Please list one additional professional reference not included above. State their name, job title, address and phone number. \_\_\_\_\_

List and describe any computer or technical skills/experience that you have that relate to the position(s) you are applying for: \_\_\_\_\_

List any additional information you would like us to consider when reviewing your application, including any language skills that you possess. (resumes may be attached): \_\_\_\_\_

**Test/Training and Experience Questionnaire Information:** *Certain positions require testing and/or additional questionnaires to be completed. Check the job posting to see the requirements. You will not be considered eligible without an appropriate test score or questionnaire on file. Questionnaire must be received by the close date for the position.*

I voluntarily authorize and grant full consent to the City or its agent to conduct a thorough investigation into my prior employment and any other areas of my background, including criminal background, which the City believes relevant to my employment. I consent to the release and disclosure to the City or its agent from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability the City or its agent for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any false information provided by me to the City may constitute grounds for immediate discharge regardless of when the information is discovered by the City. I understand my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which was deemed by the City to be unsatisfactory may constitute grounds for immediate discharge, also regardless of when discovered.

I understand that the City may require a medical or other examination at the time of employment and may condition an offer of employment on the successful completion of that examination and verification of my ability to perform the essential functions of the position offered. Post offer employment drug and alcohol testing and the release of the results of those tests to the City may also be required. I understand that I may be subject to drug and alcohol testing after employment.

I understand that individuals hired as Police Officers are required to establish and/or maintain a bona-fide residence within Pinellas, Pasco or Hillsborough County at time of hire and are prohibited from using any form of tobacco product both on and off the job and I agree to abide by these conditions if hired. I understand that individuals hired as Firefighters are required to establish and/or maintain a bona-fide residence within Pinellas, Pasco, Hillsborough or Hernando County, are prohibited from using any form of tobacco product both on and off the job and cannot have used any tobacco product for a period of one year prior to date of State of Florida Firefighter Certification. I agree to abide by these conditions if hired.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT SURVEY FORM

The City of Clearwater is required by the Federal Government to report the information requested below for Equal Employment Opportunity (EEO) statistical purposes only. This information is voluntary and will in no way adversely affect or enhance your opportunity for employment. This form will be kept separate from the Application for Employment and will not be filed or referred to a department with your application.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Last 4 digits of SS #: \_\_\_\_\_ Gender: Male  Female

Ethnic Group:  White  Hispanic or Latino  
 Black or African American  Asian  
 Native Hawaiian or Other Pacific Islander  American Indian or Alaska Native  
 Two or more races (not Hispanic or Latino)

Age Group: Under 18  18 - 25  26 - 39  Over 40

-----  
Applicant copy:

## The City of Clearwater is an Equal Opportunity Employer

The City of Clearwater does not discriminate in employment on the basis of age, race, color, religion, sex, national origin or marital status. Any applicant or employee who believes he/she has been discriminated against in any City employment practice may file a report with the City's Diversity-Equity Manager, P.O. Box 4748, Clearwater, FL 33758-4748.

It is the policy of the City of Clearwater not to discriminate on the basis of disability in employment or the provision of services. Individuals who require a reasonable accommodation in order to compete in an evaluation process must inform the Human Resources Department **before** the closing deadline for the position.

Veterans and spouses of veterans receive preference and are encouraged to apply. Supporting documentation (DD-214) must be presented at the time of application. Documentation may be sent via fax to 727-562-4877.

Florida is an "Open Records" State. Resumes and other data are subject to public/press inspection except where restricted by law.

## Drug Free Workplace

The City of Clearwater is a drug-free workplace and as such is committed to providing an environment that encourages and supports a healthy, productive workforce and ensures safe working conditions. For specific positions, a positively confirmed drug test or refusal to submit to a drug test will result in the conditional offer of employment being withdrawn. Applicants and current employees who are hired for safety-sensitive positions will be required to submit to random drug testing.

## Social Security Numbers

Social Security Numbers are requested from and maintained for the purpose of payroll eligibility verification, processing and verification of employment benefits, applicant, employee, and volunteer background checks, reconciliation, tracking, income and tax reporting, identity verification purposes, and other notices and disclosures related to the foregoing.

The City of Clearwater also collects Social Security numbers for the following purposes: classification of accounts; identification and verification; creditworthiness verification; billing and payments; collections; tax reporting; claims processing; purchasing; licensing; inspection and investigation; loan and grant processing and reporting; investigatory and other law enforcement activities for the purposes of identification and data entry; and data collection, reconciliation, and tracking.