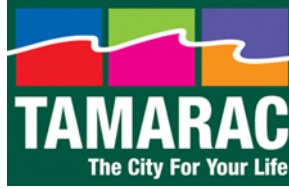


HUMAN RESOURCES DEPARTMENT
 TAMARAC MUNICIPAL COMPLEX
 7525 NW 88TH AVENUE
 TAMARAC, FLORIDA 33321-2401
 PHONE: (954) 597-3600
 FAX: (954) 597-3610
 JOBLINE: (954) 597-3615
 TTY/TTD: (954) 724-2417
www.tamarac.org



HUMAN RESOURCES USE ONLY

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APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

INSTRUCTIONS: The application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Any additional information or documents you wish to submit in support of your application may be sent to the Human Resources Department via fax, U.S. mail or in person. All materials submitted become the property of the City and will not be returned. All statements made on the application are subject to verification.

1. NAME		
Last Name	First Name	M.I.
2. POSITION(S) APPLYING FOR		
3. TODAY'S DATE	4. JOB ANNOUNCEMENT NUMBER(S)	5. WHEN AVAILABLE
6. EMAIL ADDRESS		If you require assistance with the recruitment process due to a disability, please notify our staff.
7. CONTACT NUMBERS	8. DRIVERS LICENSE	
Home Telephone Number	Do you have a valid license? <input type="radio"/> Yes <input type="radio"/> No	
Other Telephone Number (Cell, Beeper)	License Type: <input type="radio"/> Operator <input type="radio"/> CDL Class _____	
	Endorsement Code(s) _____	
	State _____	Exp. Date _____
9. PRESENT HOME ADDRESS OR MAILING ADDRESS		
Street Address		
City	State	Zip Code
10. PREVIOUS HOME ADDRESS		
Street Address		
City	State	Zip Code

11. EDUCATION AND SPECIAL TRAINING (The City reserves the right to determine the acceptability of educational credentials)

HIGH SCHOOL

Circle highest grade completed: 9 10 11 12

Did you graduate? Yes No Equivalency - GED Yes No If yes, from what State? _____

Name and location of last HIGH SCHOOL attended: _____
 Name City State

List Colleges/Universities Attended Below

Name Major/Minor Field or Program of Study

Address City State

of Credits Received Did you graduate? Yes No Degree Received (e.g. AA, BS, MA, PhD)

Name Major/Minor Field or Program of Study

Address City State

of Credits Received Did you graduate? Yes No Degree Received (e.g. AA, BS, MA, PhD)

List Special Training (Business, Trade, Vocational, Armed Forces Schools, Etc.) Below

Name Course or Subject Taken

Address City State

Total Months Completed Licenses or Certifications

Name Course or Subject Taken

Address City State

Total Months Completed Licenses or Certifications

12. EMPLOYMENT RECORD - List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC - all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet. Any gaps in employment exceeding 90 days should be listed separately in Section 14. May we contact your present employer regarding your record of employment? Yes No

(Job 1) Present or Most Recent Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
 Starting Salary \$ _____ per _____
 Last Salary \$ _____ per _____

Employer: _____
 Address: _____
 Telephone Number: _____
 Your Job Title: _____
 Supervisor's Name, Title and Phone #: _____
 Reason for Leaving Position: _____

Specific Duties: _____

 Number and Titles of employees supervised (if applicable): _____

(Job 2) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
 Starting Salary \$ _____ per _____
 Last Salary \$ _____ per _____

Employer: _____
 Address: _____
 Telephone Number: _____
 Your Job Title: _____
 Supervisor's Name, Title and Phone #: _____
 Reason for Leaving Position: _____

Specific Duties: _____

 Number and Titles of employees supervised (if applicable): _____

(Job 3) Previous Job						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	Telephone Number: _____
						Your Job Title: _____
Hours per week _____						Supervisor's Name, Title and Phone #: _____
Starting Salary \$ _____ per _____						_____
Last Salary \$ _____ per _____						Reason for Leaving Position: _____

Specific Duties:

Number and Titles of employees supervised (if applicable):

(Job 4) Previous Job						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	Telephone Number: _____
						Your Job Title: _____
Hours per week _____						Supervisor's Name, Title and Phone #: _____
Starting Salary \$ _____ per _____						_____
Last Salary \$ _____ per _____						Reason for Leaving Position: _____

Specific Duties:

Number and Titles of employees supervised (if applicable):

13. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

14. SPECIFIC SKILLS - List below, the number of months/years applicable experience in skillfully operating machines, computers, heavy equipment, motorized equipment, etc., relative to the position(s) applied for.

No. of Months	Applicable experience

15. List current membership(s) in professional, job-related organizations:

16. List any active professional, technical, occupational licenses or certificates and registration you now hold:

17. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:

18. VETERANS PREFERENCE: Pursuant to F.S. 295, eligible veterans and their spouses shall be given preference in appointment and retention in positions of employment. In order to receive preference, **supporting documentation must be submitted with this application.** (i.e. DD214, Statement of Disability Certification from the Department of Veterans Affairs)

Did you serve in the Armed Services? NO YES Is your discharge under honorable conditions? NO YES
Are you or have you ever been employed by the State of Florida or one of its Counties, Cities, or political subdivisions? NO YES
Veteran's preference is available only for Florida residents. Have you established Florida residency? NO YES
Are you claiming Veterans' Preference? NO YES If yes, please check the category that applies to you:

- A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense **OR**
- The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power **OR**
- A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America **OR**
- The unmarried widow or widower of a veteran who died of a service-connected disability
- The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veteran's Preference, provided the individual is otherwise eligible.

Please check the statement that applies to you:

- Korean Conflict: 06/27/1950 - 01/31/1955 Vietnam Era: 02/28/1961 - 05/07/1975 Persian Gulf: 08/02/1990 - 01/02/1992
- Any Armed Forces Expeditionary Medal received by a qualified applicant provides qualifying service for Veterans' Preference.

The Global War on Terrorism Expeditionary Medal is qualifying for Veterans' Preference, provided the individual is otherwise eligible.

An eligible veteran claiming preference who is not selected for a vacant position may file a complaint with the Florida Department of Veteran's Affairs, 11361 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision or within 3 months of the date of application if no notice is given. For additional information visit www.floridavets.org/benefits/veteranspref.htm

19. Have you ever worked for the City of Tamarac? YES NO

If yes, please give date(s) of employment: _____

20. Are you related to a City employee or is any member of your household employed by the City of Tamarac?

Yes No If yes, please give the person's Name: _____

21. Have you ever been a defendant in a civil action based on a claim by the plaintiff of an intentional wrong or injury on another person (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)? Yes No

If yes, state the nature of the injury claimed, and the current status of disposition of the claim, action, or lawsuit.

Nature of offense: _____
Name and location of court: _____
Disposition /status: _____ Date: _____

22. Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pled NOLO CONTENDERE (No Contest) to criminal charges, even if adjudication was withheld? Yes No If yes, please give:

Nature of the offense: _____
Name and location of court: _____
Disposition of case: _____ Date: _____

NOTE: Answering yes to either question 22 or 23 does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, etc. are given consideration.

23. How did you first learn about the position for which you are applying? Check the only response that applies.

- Newspaper ad (please specify) _____ City of Tamarac Jobline
- Professional Journal (please specify) _____ City Employee Name _____
- City of Tamarac Website High School/College or University
- Other Website (please specify) _____ Other (please specify) _____

IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of employment, pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the City is required by federal law to verify having seen documents, which the applicant must provide as part of the employment processing, that show the applicant's identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Tamarac is true and correct. I understand that if I am selected for an interview, I will be required to confirm the authenticity of this application by signing the application. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of applicant _____ Date: _____