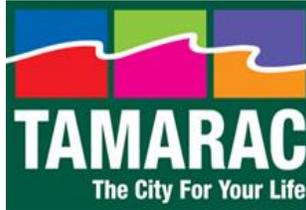


EMPLOYMENT APPLICATION

CITY OF TAMARAC
HUMAN RESOURCES DEPARTMENT
7525 NW 88th AVENUE
TAMARAC, FLORIDA 33321
PHONE: (954) 597-3600
FAX: (954) 597-3610
JOB LINE: (954) 597-3615
E-mail Address: hrapplications@tamarac.org
Website: www.tamarac.org
EEO/ADA Employer



"An Equal Opportunity Employer"

HUMAN RESOURCES USE ONLY

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INSTRUCTIONS

It is important that all sections of the application are filled out completely and accurately. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Any additional information or documentation you wish to submit in support of your application may be sent to the Human Resources Department via email, 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. **If you require assistance with the recruitment process due to a disability, please notify our staff by calling the main phone number located above.**

VETERANS PREFERENCE

Applicants wishing to claim Veteran's Preference in employment must complete a separate form (Veteran's Preference Information Form) and submit as an attachment to your employment application, along with the required documentation. Please see Veteran's Preference Information Form located on our website and in our Human Resources office. **Are you claiming Veteran Preference?** Yes No

POSITION INFORMATION

POSITION(S) APPLYING FOR:	JOB ANNOUNCEMENT NUMBER(S):
TODAY'S DATE:	WHEN AVAILABLE:

APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial:	Mobil Telephone No.	Home Telephone No.
E-Mail Address:			Driver's License:	
			Do you have a valid driver's license? <input type="radio"/> Yes <input type="radio"/> No	
Driver's License Type:				
<input type="radio"/> Operator License Class: _____ State: _____ <input type="radio"/> CDL Endorsement: _____				
Expiration Date: _____				
Are you currently employed by the City of Tamarac? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide date(s) of employment and department:				
Date(s) of Employment: _____ / _____ Department / Division: _____				
Are you a former employee of the City? <input type="radio"/> Yes <input type="radio"/> No			Are you related to a City employee, or is a member of your household employed by the City of Tamarac?	
If yes please provide: Last Date(s) of Employment _____ / _____			<input type="radio"/> Yes <input type="radio"/> No If yes, please give the person's name: _____	
Department / Division: _____				

PRESENT HOME ADDRESS OR MAILING ADDRESS

Street Address:

City:	State:	Zip Code
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PREVIOUS HOME ADDRESS

Street Address:

City:	State:	Zip Code:
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EDUCATION, TRAINING, CERTIFICATIONS and SKILLS

HIGH SCHOOL EDUCATION

Select highest grade completed: <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Do you have a: High School Diploma: <input type="radio"/> Yes <input type="radio"/> No Equivalency - GED: <input type="radio"/> Yes <input type="radio"/> No If yes, from what State: _____	Name and location of last High School attended: Name: _____ City: _____ State: _____
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COLLEGES AND UNIVERSITIES ATTENDED
(Undergraduate & Graduate)

Name, Address and Location of School(s)	Dates Attended		Did you Graduate?	Degree Received (AA/BS/MBA)	Field or Program of Study		Number of Credits Earned
	From (MM/YYYY)	To (MM/YYYY)			Major	Minor	
Name: Address: City, State:			<input type="radio"/> Yes <input type="radio"/> No				
Name: Address: City, State:			<input type="radio"/> Yes <input type="radio"/> No				
Name: Address: City, State:			<input type="radio"/> Yes <input type="radio"/> No				

JOB RELATED TRAINING
(Business, Trade, Vocational, Armed Forces Schools, etc.)

Name, Address and Location of School(s)	Dates Attended		Courses/Subjects Completed	Number of Credit Hours	Diplomas/Certificates Received (Provide documentation with Application)
	From (MM/YYYY)	To (MM/YYYY)			
Name: Address: City, State:					
Name: Address: City, State:					

RELATED PROFESSIONAL LICENSES AND CERTIFICATION (Provide documentation with Application)

List any active professional, technical, occupational licenses or certificates you now hold:

License/Certification Issued by:	Field or Trade Specialization	License or Certification Number	Issue Date	Expiration Date

SPECIFIC SKILLS

Number of Years/Months | List below, the number of months/years of applicable experience in skillfully operating machines, computers, heavy equipment, motorized equipment, etc., related to the position for which you are applying:

VOLUNTEER WORK

List below, any relevant volunteer work.

From		To		List below, any relevant volunteer work.
MM	YY	MM	YY	

MEMBERSHIPS

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

--

ACHIEVEMENTS

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

--

PERIODS OF UNEMPLOYMENT				
From		To		List all periods of unemployment exceeding 90 days
MM	YY	MM	YY	

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY: List all jobs held in the last TEN years and any other jobs relevant to the position(s) 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 CURRENT or MOST RECENT job. BE SPECIFIC – Determining if you meet the minimum qualifications for the position(s) for which you are applying 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 the section "List all Periods of Unemployment Exceeding 90 days".

May we contact your present employer? Yes No

Comment:

1	Present or most recent job	Employer/Company Name:
From	To	Total Time
MM YYYY	MM YYYY	YRS MO
Hours per week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		Street address: _____ City: _____ State: _____ Zip: _____ Telephone # _____ Your Job Title: _____ Supervisors Name: _____ Title: _____ Phone #: _____ Reason for Leaving Position: _____

Specific Duties

Describe job duties including details such as special projects, tools, equipment and software used.
Failure to fully complete this section may result in your application being eliminated from further consideration.

1:

2	Previous Job				Employer/Company Name:			
	From		To				Total Time	
	MM	YYYY	MM	YYYY			YRS	MO

Street address: _____

City: _____ State: _____ Zip: _____

Telephone _____

Your Job Title: _____

Supervisors Name: _____ Title: _____

Phone _____

Reason for Leaving Position: _____

Hours per week: _____

Starting Salary: \$ _____ per _____

Last Salary: \$ _____ per _____

Specific Duties

Describe job duties including details such as special projects, tools, equipment and software used.
Failure to fully complete this section may result in your application being eliminated from further consideration.

2:

3	Previous Job				Employer/Company Name:			
	From		To				Total Time	
	MM	YYYY	MM	YYYY			YRS	MO

Street address: _____

City: _____ State: _____ Zip: _____

Telephone _____

Your Job Title: _____

Supervisors Name: _____ Title: _____

Phone _____

Reason for Leaving Position: _____

Hours per week: _____

Starting Salary: \$ _____ per _____

Last Salary: \$ _____ per _____

Specific Duties

Describe job duties including details such as special projects, tools, equipment and software used.
Failure to fully complete this section may result in your application being eliminated from further consideration.

3:

EMPLOYMENT HISTORY CONTINUED

4	Previous Job		Employer/Company Name: Street address: _____ City: _____ State: _____ Zip: _____ Telephone _____ Your Job Title: _____ Supervisors Name: _____ Title: _____ Phone _____ Reason for Leaving Position: _____
From MM YYYY	To MM YYYY	Total Time YRS MO	
Hours per week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____			

Specific Duties

Describe job duties including details such as special projects, tools, equipment and software used.
Failure to fully complete this section may result in your application being eliminated from further consideration.

4:

ADDITIONAL INFORMATION

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, batter, 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: _____

How did you first learn about the position(s) for which you are applying? Check only one response.

- | | |
|--|--|
| <input type="radio"/> City of Tamarac website | <input type="radio"/> Other website – which one? _____ |
| <input type="radio"/> City of Tamarac job line | <input type="radio"/> City Employee – Name? _____ |
| <input type="radio"/> Job Board in Human Resources Office | <input type="radio"/> Job Line - telephone recording of job postings |
| <input type="radio"/> Newspaper Ad (please specify) _____ | |
| <input type="radio"/> Professional Journal or Publication (please specify) _____ | |
| <input type="radio"/> Other (please specify) _____ | |

APPLICANT SIGNATURE

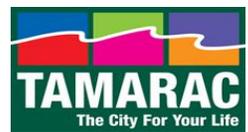
IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) have a valid social security number, (2) take a Loyalty Oath as per Florida Statute Section 876.05 and (3) subsequent to an offer of employment, pass a medical examination by a physician. 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. The City offers reasonable accommodations in the employment process for qualified individuals with disabilities. If you need assistance in the application or the hiring process to accommodate a disability, you may request an accommodation by contacting the Human Resources Department. 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 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: _____

City of Tamarac Veterans' Preference Claim Form



Complete only if you are claiming Veterans' Preference. All applicants claiming Veterans' Preference must complete this form and include required documentation at the time of application for employment.

Name		Position Applied For		Today's Date
Branch of Service	Date Entered	Date of Discharge	Final Rank	Character of Discharge

- 1. **A disabled Veteran who has served on active duty in any branch of the Armed Forces and who presently has an existing service-connected disability which is compensable under public laws administered by the DVA or is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.** You must attach a DD-214 or military discharge papers listing military status, dates of service and character of discharge AND **documentation certifying a service connected disability.**
- 2. **The spouse of a Veteran: a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or b) who is missing in action, captured in the line of duty by a hostile force, or detained or interned in line of duty by a foreign government of power.** You must attach evidence of marriage, AND a statement that you are still married to the Veteran; AND a DD-214 or applicable military discharge papers listing military status, dates of service and character of discharge; AND 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; AND IF APPLICABLE, certification that the active duty Veteran is listed as missing in action, captured in the line of duty or forcibly detained or interned in line of duty.
- 3. **A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph.** You must attach a DD-214 or military discharge papers listing military status, dates of service and character of discharge.

Wartime periods include:

World War II: December 7, 1941 to December 31, 1946	Operation Enduring Freedom: October 7, 2001 to TBD
Korean Conflict: June 27, 1950 to January 31, 1955	Operation Iraqi Freedom: March 19, 2003 to TBD
Vietnam Era: February 28, 1961 to May 7, 1975	Operation New Dawn: September 1, 2010 to TBD
Persian Gulf War: August 2, 1990 to January 2, 1992	

- 4. **The unmarried widow or widower of a Veteran who died of a service-connected disability.** You must attach evidence of marriage; AND a statement that you remain unmarried; AND certification from the DOD or VA that your spouse died as the result of a service-connected disability.
- 5. **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 as verified by the U.S. Department of Defense.** You must attach 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.
- 6. **A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty Training" may not be allowed under this paragraph. The term "Veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.** You must attach a DD-214 or military discharge papers listing military status, dates of service, and character of discharge.
- 7. **A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.** You must attach a letter from your Commanding Officer stating the dates of your military service to establish that you are currently active.

I certify that the information provided is complete and correct and that any misrepresentation of the claim of preference is grounds for disqualification or termination of employment.

Applicant's Signature

Date

If an applicant claiming Veterans' preference for a vacant position is not selected, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731. Complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.