

# CITY OF WEST PARK

1965 South State Road 7 West Park, FL 33083

Telephone (954) 989-2688 Fax (954) 989-2684 Website: [www.cityofwestpark.org](http://www.cityofwestpark.org)

FOR OFFICE USE ONLY



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## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS: Please print or type all information.** The application must be filled out completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Please attach copies of documents or certificates that will support your application. All statements are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection and/or termination of employment. The City of West Park is an equal opportunity, drug-free employer. We do not discriminate on the basis of age, race, disability, marital status, national origin, religion, gender, or sexual orientation. The City of West Park will provide reasonable accommodations in the employment process for any disabled applicants. Please inform us of any special accommodations needed prior to testing and interviews.

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRESENT LEGAL NAME:**  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ADDRESS:**  
Street & Apt/Unit(if applicable)/P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TELEPHONE NUMBERS:**  
Home \_\_\_\_\_ Work \_\_\_\_\_ Message/Cell \_\_\_\_\_

Do you have authorization to work in the U.S.?  Yes  No Work Permit (type): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Since your 18th birthday, have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? Failure to answer this question accurately could cause denial/termination of employment. A Yes or No answer is required. " Yes" responses do not necessarily disqualify an applicant from consideration, and will be evaluated on a case by case basis. \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, state the offense, location, date and disposition:

OFFENSE \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE \_\_\_\_\_ DISPOSITION \_\_\_\_\_

**LICENSURE, REGISTRATION, CERTIFICATION; EXAMPLES: DRIVER'S LICENSE, TEACHER CERTIFICATION**

License, Registration, Certification:	Number	Type of Drivers License ; Operator, CDL (Class), State

Do you have a relative currently employed by the City? If yes, please state name, relationship and department.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_

Are you a former City of West Park Employee? If yes, Dates: \_\_\_\_\_ Department: \_\_\_\_\_

(Name during employment if different than indicated above): \_\_\_\_\_

**EDUCATION**

Please indicate which of the following you have completed:

High School Diploma \_\_\_\_\_ GED \_\_\_\_\_

Date Received \_\_\_\_\_

NAME, CITY, STATE & ZIP	MAJOR	DATES ATTENDED	DEGREE OR DIPLOMA
COLLEGE		FROM: TO:	
COLLEGE		FROM: TO:	
OTHER		FROM: TO:	

**SPECIFIC SKILLS-**List the total number of months of experience in skillfully operating the equipment (office or otherwise), the computer software and /or total number of months of substantial experience in craft(s), or technical profession(s). Please only list skills you have gained expertise in.

Number of mos.	Office & Related Equipment Operated/Computer /Software	Number of mos.	Other Equipment Operated	Number of mos.	Crafts, Trades & Technical Professions

How well do you communicate in another language(s) other than English. Language(s): \_\_\_\_\_

(Please Circle One)                      Fluent                      Moderate                      Basic

Please elaborate on how your experience and training relate to the position for which you are applying:


**REFERENCES**

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

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EMPLOYMENT HISTORY Please list most recent employer first, when applicable please represent at least 10 years of employment.

**"See Resume" is not acceptable for this section. If additional space is needed, attach a separate sheet. Please complete in its entirety.**

May we contact your present employer regarding your record of employment?    Yes        No        N/A

Company Name	Dates Employed	From:	To:
Address:		Telephone Number:	
Job Title:	Starting Salary:	Ending Salary:	
Duties & Responsibilities			
Reason for leaving:			

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Address:		Telephone Number:	
Job Title:	Starting Salary:	Ending Salary:	
Duties & Responsibilities			
Reason for leaving:			

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Duties & Responsibilities			
Reason for leaving:			

How did you learn of the position for which you are applying?- Check the response that applies

Newspaper Ad	Job Line	Internet	City employee	Career Fair
High School	College	Human Resources Career Center		Other Source: (Please specify)

**IMPORTANT:** Employment is subject to verification of the applicant's background. Persons selected for employment must (1) Present an original 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 City appointed physician. This 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 of West Park is required by federal law to verify, through documents provided by the applicant, the applicant's identity and right to work in the U.S.

**APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW**

I hereby certify that each response on this application and all other information provided in applying for employment with the City of West Park is true and correct. I understand that any incorrect, incomplete, or false statement furnished may subject me to disqualification in an examination, or to discharge at any time.

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