

# CITY OF KISSIMMEE APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE : \_\_\_\_\_

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. PRE-EMPLOYMENT TESTING WILL INCLUDE DRUG SCREENING AND A CRIMINAL BACKGROUND CHECK. THIS EMPLOYER PARTICIPATES IN E-VERIFY. ALL FULL-TIME PERMANENT EMPLOYEES ARE GENERALLY REQUIRED TO HAVE THEIR PAYCHECK DIRECTLY DEPOSITED INTO A BANK ACCOUNT.

PLEASE ATTACH EXTRA PAGES WITH ANY ADDITIONAL INFORMATION.

POSITION APPLIED FOR: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

## 1. PERSONAL INFORMATION

A) NAME _____	TELEPHONE _____	E-MAIL _____
B) ADDRESS _____	CITY _____	STATE _____ ZIP _____
C) ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHICH TYPE: CLASS _____ LICENSE NUMBER: _____ EXPIRATION DATE: _____		
E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE NAME(S) AND RELATIONSHIP: _____		
F) WERE YOU EVER EMPLOYED BY THE CITY OF KISSIMMEE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, STATE DEPARTMENT AND REASON FOR LEAVING: _____		
G) WERE YOU IN THE ARMED FORCES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST BRANCH AND DATES OF ENTRY, RANK AT DISCHARGE & TYPE OF DISCHARGE: _____		
H) HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE AN EXPLANATION BELOW _____		

## 2. EDUCATION AND TRAINING

ARE YOU A HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO				GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SCHOOLS ATTENDED AFTER H.S.	LOCATION	COURSE/MAJOR	DEGREE/CERTIFICATE				
DESCRIBE ANY SPECIALIZED TRAINING/APPRENTICESHIP SKILL YOU HAVE RECEIVED: _____							
CAN YOU OPERATE ANY SPECIAL MACHINERY OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, LIST TYPES: _____							
HAVE YOU ANY TRADE LICENSES OR CERTIFICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
LIST TYPE, DATE AND WHERE ISSUED: _____							

<p>HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSES AGAINST THE LAW? A 'YES' WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT; HOWEVER, WHAT YOU WERE CONVICTED OF, AND HOW LONG AGO <b>IS</b> IMPORTANT. GIVE ALL FACTS SO THAT A DECISION CAN BE MADE. (YOU MAY OMIT MINOR TRAFFIC VIOLATIONS, ANY OFFENSE JUDGED IN A JUVENILE COURT OR UNDER A YOUTHFUL OFFENDER LAW.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>YOU MAY OMIT MINOR PARKING OR TRAFFIC OFFENSES WHERE THE PENALTY IMPOSED WAS A FINE OF LESS THAN \$250 AND DID NOT INCLUDE ANY JAIL TIME</p>	
<p>USE THIS SPACE TO GIVE ANY EXPLANATION TO THE ABOVE QUESTION: _____</p>	

**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.**

I hereby certify that each answer to any question, and all the information provided on this application (including attachments) is true and correct. I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification, or to discharge at any time. If employed by the City Of Kissimmee, I agree to comply with all its orders, rules and regulations. I authorize the City Of Kissimmee to conduct any PRE-EMPLOYMENT investigation it deems appropriate, including the administration of polygraph, physical examination, and urinalysis for drug screening. I understand that positive results for drug screening will disqualify me from consideration for employment.



\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

EMPLOYMENT HISTORY – YOU MAY ATTACH A RESUME AND **SALARY HISTORY** INFORMATION IN LIEU OF COMPLETING THIS PAGE.

NAME: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

START WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT.

DATES FROM TO		STARTING SALARY	FINAL SALARY	JOB TITLE
NAME & ADDRESS OF COMPANY		DESCRIBE THE WORK YOU DID		SUPERVISOR
MAY WE CONTACT THIS EMPLOYER? YES NO				REASON FOR LEAVING

DATES FROM TO		STARTING SALARY	FINAL SALARY	JOB TITLE
NAME & ADDRESS OF COMPANY		DESCRIBE THE WORK YOU DID		SUPERVISOR
MAY WE CONTACT THIS EMPLOYER? YES NO				REASON FOR LEAVING

DATES FROM TO		STARTING SALARY	FINAL SALARY	JOB TITLE
NAME & ADDRESS OF COMPANY		DESCRIBE THE WORK YOU DID		SUPERVISOR
MAY WE CONTACT THIS EMPLOYER? YES NO				REASON FOR LEAVING

DATES FROM TO		STARTING SALARY	FINAL SALARY	JOB TITLE
NAME & ADDRESS OF COMPANY		DESCRIBE THE WORK YOU DID		SUPERVISOR
MAY WE CONTACT THIS EMPLOYER? YES NO				REASON FOR LEAVING

SPECIAL SKILL AND QUALIFICATIONS: DESCRIBE ANY SPECIAL JOB-RELATED SKILLS OR QUALIFICATIONS ACQUIRED THROUGH EMPLOYMENT EXPERIENCES.

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\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

# EEO INFORMATION FOR RECORD REPORTING AND OTHER STATUTORY REQUIREMENTS

This information is confidential and will NOT be attached to your application for employment. Completion is voluntary and NOT a condition to your employment.

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, marital status or handicap.

DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

RACE/ETHNIC GROUP:

\_\_\_\_\_ AFRICAN-AMERICAN (not of Hispanic origin)      \_\_\_\_\_ ASIAN or PACIFIC ISLANDER

\_\_\_\_\_ HISPANIC      \_\_\_\_\_ NATIVE AMERICAN

\_\_\_\_\_ WHITE (not of Hispanic origin)      \_\_\_\_\_ INDIAN/ALASKAN

\_\_\_\_\_ TWO OR MORE RACES      \_\_\_\_\_ OTHER

GENDER      \_\_\_\_\_ MALE      \_\_\_\_\_ FEMALE

## VETERAN'S PREFERENCE

DOCUMENTATION SUBSTANTIATING YOUR CLAIM MUST BE FURNISHED AT THE TIME OF APPLICATION.

PLEASE SELECT ALL OF THE FOLLOWING THAT APPLY TO YOU IN REFERENCE TO VETERAN'S PREFERENCE.

- 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.
- The spouse of a Veteran:
  - a) Who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment; or
  - b) Who is 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 or,
- A wartime veteran as defined in Section 1.01(14), Florida Statutes, who has served at least one (1) day during a wartime period. Active duty for training shall not be allowed for eligibility under this paragraph.
- The un-married widow or widower of a veteran who died of a service-connected disability.
- The mother, father, legal guardian, or un-remarried 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.
- A Veteran as defined in Section 1.01(14), Florida Statutes, is a person who served in the active military, naval or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions. "Active duty for training" may not be allowed for eligibility under this paragraph.
- 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 you status.
- None of the above.
- \* An honorable discharge is necessary

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Date of Entry

\_\_\_\_\_  
Date of Discharge

**NOTE IF ANY APPLICANT CLAIMING VETERAN'S PREFERENCE FOR A VACANT POSITION IS NOT SELECTED FOR THE POSITION, HE/SHE MAY FILE A COMPLAINT WITH THE DIVISION OF VETERAN'S AFFAIRS; P.O. BOX 1437, ST. PETERSBURG, FL 33731. A COMPLAINT SHALL BE FILLED WITHIN 21 DAYS AFTER NOTICE OF HIRING DECISION. IF NO NOTICE OF A HIRING DECISION IS GIVEN, A COMPLAINT MAY BE FILED AT ANY TIME.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date