



City Of Lake Alfred, Florida
 155 E. Pomelo St.
 Lake Alfred, FL 33850

(863) 837-5241

www.mylakealfred.com

APPLICATION FOR EMPLOYMENT

Please answer each question completely and accurately. If a question does not apply, please mark "N/A" on the appropriate line. Please type or print clearly in ink and complete all information.

Position Applying For: _____

Name: _____
 (First) (Middle) (Last)

Present Address: _____
 (Street, P.O. Box #, Apt #)

 (City) (State) (ZIP Code)

Home Phone #: _____ Email Address: _____

Cell Phone #: _____ Social Security #: _____

PERSONAL INFORMATION:

Personal and Background Information is used by the City of Lake Alfred in establishing your eligibility to work in the United States (via Federal I-9 form); in verifying your identity for various forms of background, credit, criminal activity, worker's compensation, medical history, and licensing checks; in furnishing information to various local, state, and federal agencies; in establishing social security deductions if necessary; and in setting up various means of compensation accounts, deferred compensation accounts, pension accounts, etc.

Are you 18 years of age or older? () Yes () No Are you a U.S. Citizen? () Yes () No

Are you legally authorized to work in the United States? () Yes () No Alien Registration Number _____

Have you ever been employed by the City of Lake Alfred? () Yes () No

If yes, please indicate position, department, and dates of employment: _____

Have you any relatives currently employed by the City of Lake Alfred? () Yes () No

If yes, please indicate name, relationship, and department/position: _____

Have you ever served in the U.S. Armed Forces? () Yes () No

If yes, please indicate the following: Branch _____ Dates of Duty: From _____ To _____

**Please attach a copy of your DD-214 form (including Special Additional Information, #23-30) to your application prior to interview.*

Are you a member of any reserve organization? () Yes () No

If yes, please indicate Branch: _____

VETERAN'S PREFERENCE: If you been honorably separated from the armed forces for service during any war or any campaign or expedition for which a campaign badge or service medal has been authorized and have served more than 180 days in active war time service, then you are allowed veteran's preference consideration in accordance with the provision of Chapter 295, Florida Statutes. You must furnish proof of claim (DD-214 form or VA letter) for veteran's preference consideration prior to interview.

Are you claiming veteran's employment preference? () Yes () No

Have you ever been employed in a position for which you have claimed veteran's employment preference after October 1, 1987? () Yes () No

BACKGROUND:

The position you are applying for may require a drug testing, background screening or a valid Florida driver's license of a particular class, with or without endorsements, and a safe driving record. Failure to state accurate information or falsification of any of the information requested herein may result in disqualification for employment consideration.

Have you ever been terminated or asked to leave a former job(s)?

If yes, please list employer(s) and reason(s): _____

Do you have a valid Florida Driver's License? If so, please indicate the following. ? () Yes () No

License#: _____ Expiration Date: _____ Type: _____

Have you had your Driver's License suspended, revoked, or restricted due to moving violations within the past three (3) years?
() Yes () No

Have you had one (1) or more chargeable driving accidents or motor vehicle code violations within the past three (3) years?
() Yes () No

Have you been convicted of an alcohol/drug related driving offense within the past? () Yes () No

Have you ever been convicted* of any crime or offense against the law? () Yes () No

**Note: For the purposes of this question, "convicted" includes pleading guilty or nolo contendere, regardless of adjudication. A conviction is not necessarily a disqualifying factor; give all facts so that a decision can be made. This information will be verified*

If you answered yes, to any of the questions above, please indicate the following:

<u>Date</u>	<u>Violation/Offense</u>	<u>Charge</u>	<u>City, County, State</u>	<u>Action Taken</u>

EQUAL OPPORTUNITY EMPLOYER:

The City of Lake Alfred is an Equal Employment Opportunity Employer. No person shall, on the basis of race, color, creed, religion, sex, national origin, age, sexual orientation, marital status, gender identity, genetic information, handicap or disability, or veteran status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity under jurisdiction of the government of the City of Lake Alfred.

WORK HISTORY:

Begin listing with present/last employer and list **ALL** employers for the past ten years. If necessary, use blank sheets and attach them to this form:

Company Name:		Phone Number:	
Address:		Name of Supervisor:	
Job Title	May we contact?	Hours Worked	
Describe Your Duties:	Employed: From	Employed: To	
	Pay Rate: Start:	Pay Rate: End:	
	Reason for Leaving		
Company Name:		Phone Number:	
Address:		Name of Supervisor:	
Job Title	May we contact?	Hours Worked	
Describe Your Duties:	Employed: From	Employed: To	
	Pay Rate: Start:	Pay Rate: End:	
	Reason for Leaving		
Company Name:		Phone Number:	
Address:		Name of Supervisor:	
Job Title	May we contact?	Hours Worked	
Describe Your Duties:	Employed: From	Employed: To	
	Pay Rate: Start:	Pay Rate: End:	
	Reason for Leaving		

EDUCATION:

SCHOOL	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	DATE COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
*HIGH SCHOOL or GED					
COLLEGE					
OTHER (Certification, License, etc.)					

*Please list high school, night school, etc if equivalency diploma (GED).

If you have any additional education experience, or have taken special courses, list these below. Please include: where acquired and the total number of hours involved: _____

REFERENCES:

Please list three (3) personal references (not related to you):

	Name	Occupation	Phone	Alternate Phone
1.				
2.				
3.				
4.				

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:

I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give may be investigated as allowed by law through various sources including but not limited to a Criminal History records search, Driver's License history, credit check, former and current employers, and personal references. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City of Lake Alfred. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for City employment are public records. If made an offer of employment, I agree to submit to a pre-employment physical and drug test as a condition of such employment.

SIGNATURE OF APPLICANT: _____ DATE: _____

**Equal Employment Opportunity Statistic Survey
Applicant, New Hire, or Employee Self-Identification Survey**

I received, read, and understand the instructions and information provided with this **voluntary** survey.

Signature

Name

Date

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

INVITATION TO SELF-IDENTIFY

What is your gender? You may mark **only one** box.

Male

Female

What is your race/ethnicity? You may mark **only one** box.

Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races.

Do you belong to any category of protected veterans listed below? You may mark **only one** box.

I am **NOT** a protected Veteran

I am a protected veteran, but choose not to self-identify the classification to which I belong

Disabled Veteran

Recently Separated Veteran, if so please list Military Discharge **date:** _____

Active Wartime or Campaign Badge Veteran

Armed Forces Service Metal Veteran

Do you have a disability? You may mark **only one** box.

Yes, I have a disability (or previously had a disability)

No, I do not have a disability

I do not wish to answer

Equal Employment Opportunity Statistic Survey
Applicant, New Hire, or Employee Self-Identification Survey

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS SURVEY

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

The City of Lake Alfred (City) is an equal opportunity, affirmative action employer. The City has established and maintains an Equal Employment Opportunity Plan (EEO) for the City.

This employer is subject to certain governmental recordkeeping, nondiscriminatory, and affirmative action recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to **voluntarily** self-identify their race/ethnicity, veterans' status, disability and gender. Use: pre-offer, post-offer/pre-employment, and current employee invitation

Submission of this information is **voluntary**, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

SELF-IDENTIFICATION OF GENDER AND RACE/ETHNICITY

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified. The definitions for each category have been established by the federal government. If you choose to **voluntarily** self-identify, you may mark only one of the boxes presented.

VOLUNTARY SELF-IDENTIFICATION OF VETERANS

This employer is a Government subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

Definitions

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Equal Employment Opportunity Statistic Survey
Applicant, New Hire, or Employee Self-Identification Survey

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Government employers must reach out to, hire, and provide equal opportunity to qualified people with disabilities.* This survey is a method of measuring the City's efforts. Therefore, the survey asks you to tell us if you have a disability or if you ever had a disability. Completing this survey is **voluntary**. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for the City, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information **every five years**. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
 - Deafness
 - Cancer
 - Diabetes
 - Epilepsy
 - Autism
 - Cerebral palsy
 - HIV/AIDS
 - Schizophrenia
 - Muscular dystrophy
 - Bipolar disorder
 - Major depression
 - Multiple sclerosis (MS)
 - Missing limbs or partially missing limbs
 - Post-traumatic stress disorder (PTSD)
 - Obsessive compulsive disorder
 - Intellectual disability
 - Impairments requiring the use of a wheelchair
-

REASONABLE ACCOMMODATION NOTICE

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

* - Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2017