

INSTRUCTIONS TO APPLICANTS
READ CAREFULLY

1. Print clearly or type information.
2. Answer every question. (Do not refer to resume).
3. If a question is not applicable, N/A.
4. All are statements subject to verification.



APPLICATION FOR EMPLOYMENT
City of North Lauderdale
701 SW 71 Avenue
North Lauderdale, FL 33068
(954) 724-7068

AN EQUAL
 OPPORTUNITY EMPLOYER

It is the policy of the City of North Lauderdale not to discriminate against employees or applicants for employment on the basis of sex, age, race, disability, religion, national origin or veteran status.

Position Applied For _____ **INCOMPLETE APPLICATIONS WILL BE RETURNED**

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apt. # _____ City _____ Zip _____

Phone Number ____ - ____ - _____ Cell Number ____ - ____ - _____ E-Mail _____

Driver's License Type and # _____ State _____ Expiration Date _____

Date of Birth (Optional) _____ Social Security Number _____

US Citizen? Yes ___ No ___ If no, Alien Registration H51# _____ or Refugee Status I94# _____

Min Acceptable Salary \$ _____ Can you work nights? Yes ___ No ___ Can you work weekends? Yes ___ No ___

Have you ever been discharged or forced to resign from a job? Yes ___ No ___ If yes, give date and details _____

Have you ever been arrested and/or convicted of a crime? Yes ___ No ___ If yes, give date and details _____

Have you ever been employed by the City of North Lauderdale? Yes ___ No ___ If yes, when _____

Are any relatives employed by the City of North Lauderdale? Yes ___ No ___ If yes, who _____

Person to be notified in case of an emergency: Name _____ Phone () _____

Relationship _____ Street _____ Apt # _____ City _____ State _____ Zip _____

Professional References:

Name	Title	Company	Phone

Drug Screening Authorization: I hereby agree to submit to a pre-employment drug screening test. I fully understand that failure to pass this portion of the employment selection process will disqualify me from further employment consideration. In addition, I release the City of North Lauderdale from any and all liability and hold the City harmless with reference to this drug screening test.

Waiver of Confidential Records: Permission is hereby granted to any agency of the government of the United States, any municipal or political subdivision of this state or any other state or agency or department thereof, and any other agency, person, firm or corporation holding records considered confidential concerning me, to furnish the City of North Lauderdale all information desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the City of North Lauderdale. Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on the job performance, complete history of injuries suffered, including disability remaining, educational records, or any other personal information which may not otherwise be obtained without any prior agreement. I further understand some of the information that may be obtained about me will be obtained upon assurance of confidentiality by the City of North Lauderdale to the person or persons supplying such information. I understand that this information will become privileged to the City of North Lauderdale and will become part of the confidential records of the city of North Lauderdale, to which I will not have access.

In accordance with Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, the City of North Lauderdale does not discriminate on the basis of disable status in the admission or access to, or treatment, or employment in, its programs and activities.

I hereby agree that I have read and understand the Drug Screening and Waiver of Confidentiality Sections of this application:

Signature _____ Date _____

AFFIDAVIT Before me personally appeared _____ on this _____ day of _____, _____, who says that he/she executed this waiver of his/her own free will and accord, with full knowledge of the purpose thereof.

Produced Identification _____ Notary Public _____

Education	Name/Location	Dates Attended	Did you graduate?	Degree	Major Course of Study
High School					
College or University					
Post Graduate					
Business or Trade					
Other					

List any special qualifications/memberships/licenses/certificates _____

Active Military Service: Branch _____ Rank _____ Service Number _____
Date of Entry _____ Date of Separation _____ Type of Discharge _____ <small>To claim veteran preference points, please submit a copy of Form DD214 with application</small>

EMPLOYMENT HISTORY Start with present or most recent employment and work back **fifteen (15) years**, explaining gaps in employment of four (4) months or longer. Please complete legibly. Additional paper may be attached if necessary.

Employer _____ Job Title _____
 Address _____ City _____ State _____ Zip _____ FT _____ PT _____
 From _____ To _____ Total time _____ Starting Salary \$ _____ Ending Salary \$ _____
 Supervisor's Name _____ Phone (____) _____
 Reason for Leaving _____ Specific Duties _____

Employer _____ Job Title _____
 Address _____ City _____ State _____ Zip _____ FT _____ PT _____
 From _____ To _____ Total time _____ Starting Salary \$ _____ Ending Salary \$ _____
 Supervisor's Name _____ Phone (____) _____
 Reason for Leaving _____ Specific Duties _____

Employer _____ Job Title _____
 Address _____ City _____ State _____ Zip _____ FT _____ PT _____
 From _____ To _____ Total time _____ Starting Salary \$ _____ Ending Salary \$ _____
 Supervisor's Name _____ Phone (____) _____
 Reason for Leaving _____ Specific Duties _____

May we contact the employers above regarding your records of employment? Yes _____ No _____
 If no, indicate which one(s) you do not want contacted and why _____
 If offered a position, when would you be available to start? _____

APPLICANT'S CERTIFICATION AND AGREEMENT I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information furnished by me may subject me to disqualification for consideration for employment or to dismissal if employed.

Signature _____ Date _____ Witness _____

Please tell us how you heard about this position vacancy (check one).

- Job Bulletin
- Newspaper
- Professional Organization
- City Employee _____
- City Website
- Other _____