

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 _____

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

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, charged, or indicted for violations of any federal, state, county, or municipal law or ordinance? (Exclude traffic violations for which a fine of \$150 or less was paid.) Yes ___ No ___
 If yes, give date and details _____

Active Military Service: Branch _____ Rank _____ Service Number _____

Date of Entry _____ Date of Separation _____ Type of Discharge _____

To claim veteran preference points, please submit a copy of Form DD214 with application

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

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

Reference 1: Name/Occupation _____ Phone # () _____ Years Known _____

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

Reference 2: Name/Occupation _____ Phone # () _____ Years Known _____

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

Reference 3: Name/Occupation _____ Phone # () _____ Years Known _____

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

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 _____

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 _____

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

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

Employer _____ Nature of Business _____
Address _____ City _____ State _____ Zip _____ FT _____ PT _____
From _____ To _____ Total time _____ Starting Salary \$ _____ Ending Salary \$ _____
Supervisor's Name _____ Phone (____) _____ Title _____
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? _____

I swear or affirm that the information provided by me in conjunction with this application for employment is true, correct, and complete. I understand that any subsequent determination that the information I have provided is false, incomplete, or incorrect may subject me to disqualification for consideration for employment or can result in my dismissal from employment if I am hired by the City, notwithstanding the passage of time.

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 Applicant's Certification and Agreement, 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 _____

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

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Job Bulletin | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Jobing.com |
| <input type="checkbox"/> City Website | <input type="checkbox"/> Professional Organization | <input type="checkbox"/> Television |
| <input type="checkbox"/> City Employee _____ | <input type="checkbox"/> Other _____ | |

