

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 \_\_\_\_\_

<b>Education</b>	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 \_\_\_\_\_