



City of Sweetwater
500 SW 109th Avenue
Sweetwater, FL 33174

An Equal Opportunity Employer

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, sexual preference, disability, marital or veteran status (except if eligible for veteran's preference)

Employment Application

INSTRUCTIONS: PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION. All questions must be answered. For those questions which do not apply simply insert N/A. This application has been developed to give you the opportunity to list qualifications and abilities. If you need additional space, use a separate sheet of paper. You may add a resume or attach copies of documents you feel help clarify your background, but resumes will not be accepted in lieu of a fully completed application. All materials submitted become public record of the City and will not be returned. If applying for more than one position, please submit a separate application for each position. This application will remain active for six months

POSITION(S) APPLIED FOR:

CURRENT PERSONAL DATA:

NAME: _____

PRESENT ADDRESS: _____

City, State Zip Code

MAILING ADDRESS: _____

City, State Zip Code

CELL PHONE (____) _____ EMAIL: _____

EMPLOYMENT AVAILABILITY:

Would you work: Full-Time Part-Time? Shift Preference: Days Evenings Weekends

Date Available: ____/____/____ Salary Desired: _____

Are you legally authorized to work in the United States? (Proof will be required): Yes No

NAME OF EMPLOYER:

Street Address/ City, State, Zip

Telephone Number: _____ Job Title: _____

Supervisors Name: _____

Starting Date: _____ End Date: _____

Starting Salary: _____ End Salary: _____

Brief Job Description: _____

Reason for Leaving: _____

NAME OF EMPLOYER:

Street Address/ City, State, Zip

Telephone Number: _____ Job Title: _____

Supervisors Name: _____

Starting Date: _____ End Date: _____

Starting Salary: _____ End Salary: _____

Brief Job Description: _____

Reason for Leaving: _____

NAME OF EMPLOYER:

Street Address/ City, State, Zip

Telephone Number: _____ Job Title: _____

Supervisors Name: _____

Starting Date: _____ End Date: _____

Starting Salary: _____ End Salary: _____

Brief Job Description: _____

Reason for Leaving: _____

NAME OF EMPLOYER:

Street Address/ City, State, Zip

Telephone Number: _____ Job Title: _____

Supervisors Name: _____

Starting Date: _____ End Date: _____

Starting Salary: _____ End Salary: _____

Brief Job Description: _____

Reason for Leaving: _____

Have you ever been found guilty of, had adjudication withheld, or pled no contest to a misdemeanor, felony, assault, battery or been charged with being a sexual predator? ___Yes ___No (Must include all instances even if adjudication was withheld).

Have you ever been convicted of a crime? ___Yes ___No. If so, where and what was the disposition of the case?

Please provide any and all details including fines, arrests, convictions, probations, jail or prison sentences (Attach additional sheet if needed):

Date	Offense Charge	Name/Location of Court	Disposition/Sentence

Do you hold a current Florida Driver’s License: ___Yes ___No

Driver’s License Number: _____ State: _____

Driver’s License Type: ___Operator ___CDL: ___A ___B ___C ___D CDP Endorsements: _____

Has your Driver’s License ever been suspended or revoked? ___Yes ___No If yes, Explain: _____

Have you ever been found guilty of, had adjudication withheld, or pled no contest to a moving violation? ___Yes ___No

If yes, please provide any details including fines, arrests, convictions, probation, jail, or prison sentences (Attach additional sheet if needed.)

List all traffic accidents and moving violations:

Date	Traffic Citation/Violation	Name/Location of Court	Disposition/Sentence

NOTE: A criminal background check and driving record check will be conducted if you are considered for hire. Information concerning arrests and convictions may not necessarily disqualify an applicant. However any applicant who falsifies/omits information from the application by failing to provide required information on arrests and convictions will, if employed be subject to dismissal.

Have you ever been terminated for misconduct or unsatisfactory service, or forced to resign from any position? ___Yes ___No If yes, Explain: _____

Were you referred to the City of Sweetwater? ___ Yes ___ No If so, by whom?

Are you related to anyone presently employed by the City of Sweetwater? ___Yes ___No If Yes give name and relationship: _____

Have you ever been employed by the City of Sweetwater? Yes No. If yes, complete the following:

Dates Previously employed (From/To):	
Position:	
Reason for leaving:	

List any licenses, certificates, or additional skills you have that may be helpful in doing this job:

Licenses/Certificates/Additional Skills	Dates Received (if applicable)	Name of School

Describe any special equipment or machinery you can operate:

Special Equipment	Machinery	Years of Experience

List any professional, Technical, or trade Association in which you are a member:

Association/Affiliation:

REFERENCES:

List three (3) Personal or Professional references (No relatives or employers):

Name	Occupation	Telephone	Years Acquainted

MILITARY SERVICE:

Have you ever served in the U.S. Military? ___ Yes ___ No If Yes, Branch: _____

Dates of Active Duty (From/To): _____ Rank: _____

Occupational Specialty: _____ Type of Discharge: _____

VETERAN'S PREFERENCE:

Do you wish to claim Veteran's Preference? ___ Yes ___ No

If Yes, please designate the basis for your preference on a form obtained from the City of Sweetwater and attach copies of supporting documentation (DD214).

CERTIFICATION:

This must be signed, please read carefully.

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application and that are foregoing entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the City of Sweetwater to verify all information contained herein and I release all past employers and all references from any and all liability for the release of information to the City of Sweetwater. I also understand that my employment is contingent upon acceptable references and background checks.

I further understand that all job offers from the City of Sweetwater are conditioned on successful completion of a health questionnaire and medical examinations by a City of Sweetwater appointed physician/facility to determine my ability to perform any job offered. Such examinations shall include an alcohol/drug screen for which I give consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the City of Sweetwater for this purpose.

I further understand and agree in advance that I may be summarily discharged if any of the information provided by me contains any misrepresentation or falsifications or if any material information has been omitted.

Signature of Applicant

Date

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INFORMATION SHEET
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The City of Sweetwater is an Equal Opportunity/Affirmative Action Employer. The following information is required to monitor or compliance with fir employment laws. An employer may neither discriminate on the basis of this information or on the basis that it is not furnished. Disclosure of the requested information is voluntary and will not affect your employment opportunities with the City. FURTHER, TO ENSURE CONFIDENTIALITY, THIS FORM WILL BE REMOVED FROM THE APPLICATION PROIOR TO YOUR APPLICATION BEING REVIEWED. This form will be kept in a separate file in the Human Resources Department.

Sex: _____Male _____Female

Race and/or nationality (check appropriate categories):

___White ___Asian American ___Spanish Surname ___Black ___American Indian ___Other

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Attach copy of your discharge papers (DD214) and submit this form with Application.

Claim for Veteran's Preference

Name: _____ Date: _____

Position Applied For: _____

I claim Veteran's Preference based upon the following: (Check basis for your preference):

- ____ 1. As a veteran with compensable service-connected disability who is eligible for or receiving Compensation, disability retirement or pension under public laws administered by the U. S. Veteran's Administration and the Department of Defense.
- ____ 2. As the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- ____ 3. As a veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 days or more since January 31, 1995; if any part of such active duty was performed during a wartime era as defined by Florida Statute and Florida Administrative Code. Active training is not allowable.
- ____ 4. As the un-remarried spouse of a veteran who was killed in action, or died of a service-connected disability.

Branch of Service

Date of Entry

Date of Discharge

Have you been employed through Veteran's Preference since October 1, 1987? _____

If yes, please provide the name and telephone of the employer: _____

Signature

Authorization to Release Information

I hereby authorize any Police Officer or authorized representative of the bearing of this release, or copy Thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information that involves me in any way. 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 Sweetwater. This further includes the furnishings of copies of pertinent documents about my background as required.

Such records may pertain to employment records or education records including but not limited to achievement, attendance, personal history, disciplinary records, credit checks, reasons for termination for employment, reasons for discharge from the military, job performance, criminal history, and other personal information which may not otherwise be obtained without prior agreement. I hereby direct you to release such information that the information provided is for the official use of the City of Sweetwater.

I hereby release to you as custodian of such records and as employer, educational institution, credit reporting agency, or any other agency or entity, and including all of your officers, employees, or related personnel, both individually, and collectively, from any and all liability for arising out of compliance with the authorization request to release information, or any attempt to comply with it.

I further understand that all information and materials included in this waiver shall be considered public records subject to disclosure, and I hereby knowingly and voluntarily agree to their release to any person or agency upon a public records request being received by the City of Sweetwater.

Print Name: _____

Signature: _____