

Applicant's Last Name

First Name

Middle

Position Applied For

CITY OF LABELLE



EMPLOYMENT APPLICATION

TO: ALL APPLICANTS

The City of LaBelle has a commitment to provide the best service possible to our community. The selection of qualified employees is the first critical step in our commitment to quality. We need your cooperation by carefully completing this application which will assist us in making the best hiring selections.

If you have any questions regarding this application, require assistance or desire information relating to this or other positions with the City, please contact the Human Resources Department at (863) 675-2872, and we will be happy to assist you.

IMPORTANT INSTRUCTIONS

Our application form is designed to provide you with the opportunity to illustrate your qualifications. Please review the entire application form before you start. Following directions in completing this application form is part of the evaluation process. You may submit a resume and other supporting information along with your application, however, **all sections of the application must be completed or it will not be considered.** Information contained in your application will be verified.

Please check areas in which you are competent:

OFFICE SKILLS

- Calculator
- Filing
- Switchboard
- Transcription of Minutes
- Office Equipment (fax, copier, etc.)
- Word Processing
- Spreadsheets/Database
- Typing: _____ wpm
- Software/Computer Applications _____

TRADE SKILLS

- Masonry
- Automotive/Mechanical
- Map Preparation
- Welding
- Grounds Keeping
- Rough Carpentry
- Pipefitting
- Photography
- Finished Carpentry
- Reading Blueprints
- Plumbing
- Drafting/Graphics
- Electrical Repair Work
- Refrigeration/Repair
- Heavy Equipment/Mechanical
- Painting
- Automotive/Bodywork
- Roofing

EQUIPMENT SKILLS

- Cranes
- Pay Loaders
- Power Tools
- Ditching Machines
- Power Mowers
- Communications
- Air Hammers
- Tractors
- Bulldozers
- Other (please list): _____

PROCESSING OF APPLICATIONS

Applicants may be conditionally hired based on their education, training, and experience subject to successful completion of:

1. Background Investigation
2. Drug Screen
3. Motor Vehicle Report (if driving is required for the position)

Documentation substantiating military service will be required if "Veteran's Preference" is requested.

When hired, we require that each individual present the following items:

1. Social Security Card/ Verification of eligibility to work in the United States and IRS purposes
2. Verification of Date of Birth
3. Proof of Education/Certificates/Licenses required for the position
4. Valid Florida Driver's License (if required) for the position

CITY OF LABELLE

Unconditional Release of Background Information

TO: Whom It May Concern
RE: Pre-employment Information

The City of LaBelle is investigating and evaluating my qualifications for employment, and I would appreciate your assistance and/or cooperation in providing background information. It is in the public's best interest that all relevant information concerning my background be disclosed on my personal and professional history. It may be necessary that the City discontinue processing my application if you decline to disclose the information requested.

I hereby authorize any representative of the City bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct that you disclose and release such information. The intent of this authorization is to give my consent for full and complete disclosure and full and free access to the background history of my personal and professional life, however confidential it may appear to be, for the specific purpose of the City pursuing a background investigation to determine my suitability for employment.

Regardless of any agreement I may have made with you previously to the contrary, I consent to your release of any and all public and private information that you have concerning me, my work record, my background, my educational records, attendance records, and discipline records.

I, and on behalf of my heirs, family, and associates, hereby release you as the custodian of such records and/or information, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and/or release of information, or any attempt to comply with my request, including any liability or damage pursuant to any Federal or State Laws. A photocopy or faxed copy of this Release Form will be as valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

For and in consideration of the City's acceptance of my application for employment, I, and on behalf of my heirs, family, and associates, agree to hold the City, its agents and employees harmless for any and all claims of liability associated with my application for employment and the use or dissemination of any information obtained as a result of this release or otherwise obtained, and/or the decision whether or not to employ me. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be provided to the proper authorities.

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed below.

Applicant's Name: _____ Telephone No. _____

Current Address: _____

City: _____ State/Zip: _____

Authorized Signature: _____ Date: _____

AFFIDAVIT

State of Florida

County of Hendry

The foregoing instrument was acknowledged before me this _____ day of _____, 2018 by the above person _____, who is personally known to me or who has produced _____ as identification and who (did) (did not) take an oath.

Signature of Notary

Print, Type, or Stamp Commission

APPLICATION STATEMENT

I understand that this application will be given every consideration but is not an offer or promise of employment. Any employment, not just during the initial probationary period, is "at-will"

I understand that if hired, my employment will be for no definite time period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment for any or no reason at any time with or without notice and the City has the same right. No one other than the Mayor has authority to modify this relationship or to make any agreements to the contrary. Any such modifications or agreements must be in writing.

I understand that the City reserves the right to require me to submit to a drug screen prior to employment and at any time during my employment to the extent required or permitted by law.

I understand that the City may investigate my driving record and my criminal record if any, and that a background investigation will be completed. I specifically authorize current and past employers and educational institutions to disclose to the City all records pertinent to my employment with them. These inquiries may include information as to my character, general reputation, personal characteristics and job performance.

I understand that if I am employed, I will be on a probationary status for 6 months at which time I will be evaluated and the probationary status will either be extended, I will be placed on regular status, or terminated.

I certify that all statements made by me on this application are true and complete. I understand that should I be employed, any omitted, false, misleading, incorrect, or incomplete oral or written statements made in connection with my application may result in my dismissal.

DO NOT SIGN UNTIL YOU READ AND AGREE TO THE ABOVE STATEMENT!

Signature _____ Date _____

CITY OF LABELLE
Human Resources Department
P.O. Box 458
LaBelle, FL 33975

EMPLOYMENT APPLICATION
(863) 675-2872

EQUAL EMPLOYMENT OPPORTUNITY

The City of LaBelle, Florida, recognizes the legal and moral responsibility to serve all citizens of the community by practicing equal employment opportunity. All people, regardless of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, ethnicity, age, marital status, disability, family medical history, or genetic information, political affiliation, military service, veteran status, or other non-merit based factors, have an equal opportunity to compete for positions with the City of LaBelle and to be judged on the basis of their individual capabilities. These protections extend to all personnel actions, including but not limited to recruitment and hiring practices, appraisal systems, promotions, training and career development programs. Employees and applicants are also protected against retaliation. Consistent with federal and state laws, acts of retaliation against an employee who engages in a protected activity will not be tolerated

Employment applications are active for one (1) year. Once any application has been submitted to Human Resources, **it is public record.** It is the applicant's responsibility to notify the City of any changes.

GENERAL INFORMATION

POSTION APPLIED FOR: _____

Name: _____ Date: _____

Street Address: _____

Previous Address: _____ From: _____ To: _____

Telephone Numbers: Home(____) _____ Cell (____) _____

Citizen of the United States? _____ YES _____ NO (Attach authorization to work in the United States)

Are you under 18 years old? _____ YES _____ NO

Date available to work: _____ Full-time _____ Part-time _____

Available Weekends _____ Nights _____ Holidays _____ Desired Salary: _____

Have you ever been employed by the City: _____ YES _____ NO; When? _____

Position held: _____ Reason for leaving? _____

Do you have any relatives who are employees of the City? _____ YES _____ NO

List name and relationship: _____

Are you currently employed? _____ YES _____ NO

Have you ever been terminated or asked to resign from any job? _____ YES _____ NO

Explain the circumstances: _____

Are you on layoff and/or subject to recall? _____ YES _____ NO (Explain) _____

EDUCATIONAL INFORMATION

Circle Highest Grade Completed:

Grammar								High				College				Graduate			
1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4

DRIVER'S LICENSE

Issuing State: _____ Exp. Date: _____

Type of License: _____ Operator _____ Restricted or Commercial _____

If Commercial, include classification _____ A _____ B _____ C _____ D

Is your license currently or ever been suspended or revoked? _____ YES _____ NO;

Explain: _____

EXPERIENCE

THIS SECTION MUST BE COMPLETED FULLY

1. **Complete all information requested, even if duplicated in resume or other optional attachments.** Begin with your most recent job. Separately list each job, and any period of unemployment. **Do not leave gaps in employment history.**
2. List names of all employers within the past 5 years (use additional sheet if necessary).
3. If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.
4. If you have been employed under any other name(s), list name(s) by each employer as applicable.

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

ADDITIONAL INFORMATION

What are your primary strengths and weaknesses? Why do you want to work for the City of LaBelle? List any additional information that should be considered in evaluating your application.

Why do you believe the City should hire you rather than another applicant?

FOR OFFICE USE ONLY

Date Received: _____ Resume Attached ____ Yes ____ No
Retention Date: _____ Reviewed for Postion: _____
Interviewed: _____ Job Offered: _____

REFERENCES

PERSONAL: Must not be a relative

Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____

Years Known: _____

PROFESSIONAL

Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____

Years Known: _____

VETERANS' PREFERENCE REQUEST

The City provides preference to eligible veterans and family members in accordance with Florida's Veterans' Preference Law, Chapter 295 of the Florida State Statute

ALL APPLICANTS MUST ANSWER "YES" OR "NO" TO QUESTION 1 SIGN AND DATE ON THE BOTTOM OF THE PAGE

1. Are you claiming Veteran's Preference: _____ YES _____ NO (If no, skip to the signature line. If yes, a copy of your DD214 must be attached with this application)
2. Check the appropriate line on the attached forms if you are claiming Veterans' Preference (Effective April 8, 1992, Chapter 92-80, Laws of Florida amended the definition of wartime service to include the Persian Gulf War):
3. If you are claiming Veterans' Preference please complete the attached forms from the Florida Department of Veteran's Affairs. VP-1, VP-2, or VP-3.

Documentation substantiating your claim for veterans' preference must be furnished at the time of application or be submitted prior to the application deadline date. Preference-eligible applicants who believe they have not been afforded preference in accordance with Florida law have the right to request an investigation by submitting a written request within 60 calendar days to the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, 9500 Bay Pines Blvd, Room 214, St. Petersburg, Florida 33708.

NOTE: Under the Florida law preference, an appointment and employment shall be given first to those persons included in category "a" and "b" on the attached form VP-1. Contact Human Resources if assistance is needed.

Signature: _____ Date: _____



VETERANS' PREFERENCE CERTIFICATION

Date: _____ Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

- (a) A disabled veteran:
 1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
 2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

- (b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

- (c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

- (d) The unremarried widow or widower of a veteran who died of a service-connected disability.

- (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

- (f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

- (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at _____ @ _____ or _____, if you have any questions.

This statement is true to the best of my knowledge and belief.

By _____

Printed Name



**Certification of Current Member of
Reserve Component of the United States Armed Forces
or The Florida National Guard**

To be completed by your IMMEDIATE MILITARY SUPERVISOR:

I certify that _____ is a current member of
_____ (branch) Reserve Component of the United States Armed
Forces or The Florida National Guard (circle one) and is in "Honorable" standing as of this date.

Signature of Immediate Military Supervisor

Date: _____

Supervisor's Printed Name and Rank

Military Supervisor's Telephone Number

To be completed by APPLICANT:

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a Current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

I certify that I am a Current member of _____,
honorably serving, that I intend to continue my military service, and that the following
information is accurate:

Address: _____

Home/mobile telephone(s): _____

By: _____
Signature of Current Member

Date: _____

Printed name



Certification of Unremarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a serviced connected disability and

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

To be completed by Unremarried Widow or Widower:

I certify that I, _____, was married to _____,
a member of _____ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

Signature of Widow or Widower Date: _____

Printed name: _____

Home/mobile telephone(s): _____

Address: _____

Witness: _____ Date: _____

Printed name: _____

Address: _____