506 W. Berckman Street
Fruitland Park, FL 34731

Tel. (352) 360-6727
Fax: 352-360-6686

APPLICATION FOR EMPLOYMENT

The City of Fruitland Park is an Equal Employment Opportunity Employer. As such, we do not discriminate in the hiring process based on race/color, age, sex/gender, gender identity, religion, national origin/ethnicity, disability, veteran or familial status, or any other illegal characteristic. If you require an accommodation in the hiring process, please contact the Human Resources office at 352-360-6658 and one will be made available if it is possible.

The City if a drug-free workplace. You will be required to pass a pre-employment drug test and background check, including fingerprints.

(PLEASE PRINT)

Position Title Applied For:_____ Date Applied:_____

Full Name:

_____

Current Address:_____

Telephone Number:_____Email Address:_____

Do you possess a valid Florida Driver's License (if required): ☐ Yes ☐ No

Do you have relatives employed by the City of Fruitland Park? ☐ Yes ☐ No

If yes, provide name, relationship, and department where they are currently employed.

_____

How did you hear about the position?_____

Have you ever been convicted of, or pled no contest to a felony? If yes, provide an explanation. ***Conviction does not necessarily disqualify an applicant from employment but will be weighed on a case-by-case basis with respect to time, circumstances, seriousness, and the position for which you have applied.***

Are you at least 18 years of age? ☐ Yes ☐ No

Have you ever had military service? ☐ Yes ☐ No

If yes, does your discharge render you ineligible for reemployment? ☐ Yes ☐ No

Have you been employed by the city? ☐ Yes ☐ No

If yes, give date: _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

If offered the position, can you provide proof your authorized to work in the country? ☐ Yes ☐ No

Are you available to work full time? ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

If offered the position, when would you be available to start work? _____

EDUCATION:

	NAME	**COURSE OF STUDY**	**NO. OF YEARS COMPLETED**	**LIST DEGREE OR DIPLOMA**
High School				
College				
Trade School				
Other				

CERTIFICATIONS

TYPE	CERTIFICATION NO.	EXPIRATION DATE

SPECIALIZED TRAINING:
Please describe any specialized training, apprenticeship, or skills.

_____

_____

COMPUTER SKILLS

Please indicate your current skill level

PROGRAM	BEGINNER	INTERMEDIATE	ADVANCED
MS WORD	☐	☐	☐
EXCEL	☐	☐	☐
OUTLOOK	☐	☐	☐
POWER POINT	☐	☐	☐
ACCESS	☐	☐	☐
OTHER	☐	☐	☐

Other programs you have used which may be relevant:_____

PERSONAL REFERENCEES (NO RELATIVES)

NAME	ADDRESS (CITY & STATE)	PHONE NUMBER

EMPLOYMENT EXPERIENCE:

Please start with your present or last job. You may include any job-related military service assignments and volunteer activities.

1.

Employer	Dates Employed From To	Work Performed
Name:		
Address:	Hourly Rate/Salary	
Telephone Number:		
Job Title:		
Reason for Leaving		

2.

Employer	Dates Employed From To	Work Performed
Name:		
Address:	Hourly Rate/Salary	
Telephone Number:		
Job Title:		
Reason for Leaving		

3.

Employer	Dates Employed From To	Work Performed
Name:		
Address:	Hourly Rate/Salary	
Telephone Number:		
Job Title:		
Reason for Leaving		

4.

Employer	Dates Employed From To	Work Performed
Name:		
Address:	Hourly Rate/Salary	
Telephone Number:		
Job Title:		
Reason for Leaving		

If you need additional space, please continue with a separate piece of paper.

CITY OF FRUITLAND PARK

APPLICATION FOR EMPLOYMENT

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing the essential functions of the job or occupation for which you have applied for, with or without accommodation? A description of the activities involved in such a job or occupation is available for you to review.

Position Name:_____ Please Initial:_____

APPLICANT'S STATEMENT:

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the city is on an "at will" nature, which means that I may resign at any time with or without notice and the city may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the city.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and policies of the city.

_____
Signature of Applicant (Type Out Name)

_____
Printed Name of Applicant

_____
Date of Application