



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 officer at 352-360-6658 and one will be made available when it is possible.

Applications are only accepted for positions that are currently open. Applications are considered current up to 30 days.

The City does not send rejection notices to applicants who are not selected for an interview or testing. The City's hiring process may take from three (3) weeks to several months for certain positions.

The City is a drug-free workplace. You will be required to pass a pre-employment drug test for safety sensitive positions and background check, including getting fingerprints.

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(PLEASE PRINT)

Position Title Applied For \_\_\_\_\_ Date Applied: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Present Address: \_\_\_\_\_

Number/Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Time

Telephone Number(s) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

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.

\_\_\_\_\_

**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? \_\_\_\_\_

Have you been employed by the City before? \_\_\_\_\_ 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 that you are authorized to work in this 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:**

	<b>NAME &amp; LOCATION</b>	<b>COURSE OF STUDY</b>	<b>NO. OF YEARS COMPLETED</b>	<b>LIST DEGREE OR DIPLOMA</b>
High School				
College				
Trade School				
Other				

**CERTIFICATIONS**

<b>TYPE</b>	<b>CERTIFICATION NO.</b>	<b>EXPIRATION DATE</b>

**SPECIALIZED TRAINING:**

Please describe any specialized training, apprenticeship, or skills.

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**COMPUTER SKILLS**

*Please indicate your current skill level*

<b>PROGRAM</b>	<b>BEGINNER</b>	<b>INTERMEDIATE</b>	<b>ADVANCED</b>
MS WORD			
EXCEL			
OUTLOOK			
POWER POINT			
ACCESS			
OTHER			

Other Programs You Have Used which may be relevant: \_\_\_\_\_

**PERSONAL REFERENCES (NO RELATIVES)**

<b>NAME</b>	<b>ADDRESS (CITY &amp; STATE)</b>	<b>DAY TIME PHONE NO. WITH AREA CODE</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		

## 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		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title				
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving				

5.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving				

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

**CITY OF FRUITLAND PARK  
APPLICATION FOR EMPLOYEMENT**

**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:** \_\_\_\_\_ Yes \_\_\_\_\_ No

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**APPLICANT'S STATEMENT:**

*I certify that 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 of 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, also that I am required to abide by all rules and policies of the City.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Signature of Applicant

\_\_\_\_\_  
Date of Applied