

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.



CITY OF MOUNT DORA

P.O. Box 176
Mount Dora, FL 32756-0176

Date of Application: _____

PLEASE PRINT:

Position Applied For: _____ Pay Expected: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: (____) _____ Email Address: _____

If necessary, best time to call you at home is _____

May we contact you at work _____ Yes _____ No

If yes, work number and best time to call _____ (____) _____ a.m./p.m.

Have you ever worked here before _____ Yes _____ No

If yes, give dates and position held _____ From _____ To _____ Position _____

State names of relatives or friends working for us _____

Date available for work _____ / _____ / _____

Will you work overtime if required _____ Yes _____ No

Have you ever been bonded _____ Yes _____ No

Have you ever been involuntarily terminated or requested to resign _____ Yes _____ No

If yes, please explain: _____

If hired, can you provide verification of your legal right to work in the United States _____ Yes _____ No

If required for the position, do you have a valid driver's license _____ Yes _____ No

Have you ever worked under a different name _____ Yes _____ No

If yes, what name: _____

Are you able to perform the essential functions of the position as listed and described on the attached job description or as demonstrated by the company representative with or without a reasonable accommodation? _____ Yes _____ No

Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? _____ Yes _____ No

If yes, list offense, date and disposition of the case (Convictions will not necessarily disqualify you for the position.)

VETERANS PREFERENCE: Are you entitled to veteran's preference in employment? _____ Yes _____ No

If you are claiming a veteran's preference for this position, you must provide the required documentation at the time of the application. The City of Mount Dora Human Resource Office can advise you of the documentation need.

Do you use tobacco products of any kind? _____ Yes _____ No

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in Comments action below.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title	Hourly Rate/Schedule			
	Starting			
Immediate Supervisor and Title		\$	Per	
Reason for Leaving	Hourly Rate/Schedule			
	Final			
May we contact for reference? Yes___ No___ Later ___		\$	Per	
Employer	Telephone () -	Dates Employed		
		From	To	
Address				
Job Title	Hourly Rate/Schedule			
	Starting			
Immediate Supervisor and Title		\$	Per	
Reason for Leaving	Hourly Rate/Schedule			
	Final			
May we contact for reference? Yes___ No___ Later ___		\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities.
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Address				
Job Title	Hourly Rate/Schedule			
	Starting			
Immediate Supervisor and Title		\$	Per	
Reason for Leaving	Hourly Rate/Schedule			
	Final			
May we contact for reference? Yes___ No___ Later ___		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications (Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with the City of Mount Dora.)

EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, starting with the last one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major and minor field of study (if applicable).

A. School	B. No. Years Completed	C. Degree or Diploma	D. GPA or Class Rank	E. Major	F. Minor

Language	Speak Some	Speak Fluently	Read	Write	

REFERENCES

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
	() -	
	() -	
	() -	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.) _____

List any additional information you would like us to consider. _____

ACKNOWLEDGEMENT

Please read carefully, initial each paragraph, and sign below:

_____ The contents of any employee handbook or personnel manual, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

_____ I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the City with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.

_____ In consideration of employment, I agree to obey the rules and standards of the City. I understand that nothing contained in this application or in the interview process is intended to create a contract between the City and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the City. This constitutes my entire agreement with the City with regard to the length of my employment.

_____ I understand that as a condition of employment I will be required to take a post-offer/pre-employment nicotine test. I further understand that if I have attested to be a non-user of tobacco products and test positive for nicotine, a contingent offer (letter) of employment may be withdrawn.

_____ I understand that as a condition of employment I will be required to take a post-offer/pre-employment physical and alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, I may be required to take an alcohol/drug test.

_____ I am able to perform the essential functions of the position with or without a reasonable accommodation.

_____ I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.

_____ I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.

_____ This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the City of Mount Dora's service if I have been employed.

_____ I give the City the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City of Mount Dora and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

_____ I understand that just as I am free to resign at any time, the City of Mount Dora reserves the right to terminate my employment at any time at management's discretion and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

_____ This Employer is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veterans status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

Signature of Applicant

Date