



HUMAN RESOURCES DEPARTMENT
 100 South Myrtle Avenue, P.O. Box 4748
 Clearwater, FL 33756
 727-562-4870

Date Recv'd: _____

APPLICATION FOR EMPLOYMENT
 Apply on-line: www.myclearwater/employment/

A City application is required for all positions. Information from the application will be used to determine if minimum qualifications are met. Resumes may be included but are not accepted in lieu of an application form.

Instructions: please print or type. Complete all items; mark N/A to questions that are not applicable. Incomplete, false or evasive answers may result in loss of employment opportunities.

Position applying for: _____ Req #: _____

PERSONAL INFORMATION	
Last Name, First Name, Middle Initial	*Social Security #
Address	Home Phone
City, State, Zip	Other Phone #
County	Phone Type: Business Cell Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Email address	Email Type: Business Home Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Note: Your social security number is requested for the purpose of payroll eligibility, verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for those purposes.*

How did you learn or hear of the position(s) you are applying for? (check all that apply)

- Ad Agency Job Fair Internet Phone
- College C-View Job Line Job Posting Walk-in
- Employee Employee Name or Other Source _____

Are you lawfully permitted to work in the United States? Yes No

Would you work: Full time: _____ Part Time: _____ Temporary _____ Seasonal: _____

Are you a current City of Clearwater Employee? _____ Employee ID#: _____

Were you ever employed by the City of Clearwater? ____ If yes, state when, what position and reason for leaving: _____

Are you receiving benefits under the City of Clearwater Employee's Pension Plan? Yes No

DRIVER LICENSE INFORMATION

Do you have a valid driver's license? Yes No License #: _____

State: _____ Class: _____ Expiration Date: _____

Has your driver's license been suspended or revoked within the past five (5) years? _____ If yes, explain fully, giving date and reason: _____

Have you any relatives working for the City of Clearwater? _____ If yes, state name(s) and relationship(s): _____

Please list any other legal names you have been know by or referred to in the past: _____

MILITARY HISTORY/VETERAN'S PREFERENCE

Were you in the U.S. Armed Forces? Yes No

Are you claiming Veteran's Preference under Florida Law? Yes No (if yes, attach documentation)

Preference eligibility no longer expires upon appointment of the eligible person to a position within the state or any political subdivision; veterans previously ineligible because they held or currently hold a job with a public employer are now eligible to use their preference again with all employers covered by law. In addition, eligible wartime periods now include Operation Enduring Freedom (10/7/01 to present) and Operation Iraqi Freedom (3-19-03 to present).

RECORD OF EDUCATION

Highest Education Level Attained: Less than HS HS or Equivalent Technical Some College 2 Year Degree Bachelor's Degree Some Graduate Master's Degree Doctorate

Type of School	School Name – State	Date Graduated Attended	Graduated		Degree	Major Field of Study
			Yes	No		
High School						
Undergrad College						
Grad School						
Technical, Vocational, Business						

LICENSES - CERTIFICATIONS

Type of License	Number	Issue Date	Expiration Date	State
Issued by:		In process of being renewed?		

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EMPLOYMENT HISTORY

Start with your present or last job and work back. Include at least the last 10 years of employment history including paid or unpaid, full or part time, summer jobs, etc. Additional employment history can be submitted on the City of Clearwater's "Additional Position Information" sheet.

May we contact your present employer? Yes No

Note: we may contact any previous employer to verify your descriptions of past duties and reasons for separation.

1.	Employer:	Address, City, State, Zip		
Title		Supervisor's Name & Title		Phone #
Start Date	End Date	Hours/ week	Ending Salary	
Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>				
Reason for Leaving (or indicate "Current Employer")				
Description of duties and responsibilities				

2.	Employer:	Address, City, State, Zip		
Title		Supervisor's Name & Title		Phone #
Start Date	End Date	Hours/ week	Ending Salary	
Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>				
Reason for Leaving (or indicate "Current Employer")				
Description of duties and responsibilities				

3.	Employer:	Address, City, State, Zip		
Title		Supervisor's Name & Title	Phone #	
Start Date	End Date	Hours/ week	Ending Salary Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>	
Reason for Leaving (or indicate "Current Employer")				
Description of duties and responsibilities				

Have you ever been discharged or forced to resign? Yes No
 If yes, please give date, employer's name and address and the reason: _____

Please list one additional professional reference not included above. State their name, job title, address and phone number. _____

List and describe any computer or technical skills/experience that you have that relate to the position(s) you are applying for: _____

List any additional information you would like us to consider when reviewing your application, including any language skills that you possess. (resumes may be attached): _____

Test/Training and Experience Questionnaire Information: *Certain positions require testing and/or additional questionnaires to be completed. Check the job posting to see if the position you are applying for requires a test or questionnaire. You will not be considered eligible without an appropriate test score or questionnaire on file.*

I voluntarily authorize and grant full consent to the City or its agent to conduct a thorough investigation into my prior employment and any other areas of my background, including criminal background, which the City believes relevant to my employment. I consent to the release and disclosure to the City or its agent from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability the City or its agent for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any false information provided by me to the City may constitute grounds for immediate discharge regardless of when the information is discovered by the City. I understand my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which was deemed by the City to be unsatisfactory may constitute grounds for immediate discharge, also regardless of when discovered.

I understand that the City may require a medical or other examination at the time of employment and may condition an offer of employment on the successful completion of that examination and verification of my ability to perform the essential functions of the position offered. Post offer employment drug and alcohol testing and the release of the results of those tests to the City may also be required. I understand that I may be subject to drug and alcohol testing after employment.

I understand that individuals hired as **Police Officers** are required to establish and/or maintain a bona-fide residence within Pinellas, Pasco or Hillsborough County at time of hire and are prohibited from using any form of tobacco product both on and off the job and I agree to abide by these conditions if hired. I understand that individuals hired as **Firefighters** are required to establish and/or maintain a bona-fide residence within Pinellas, Pasco, Hillsborough or Hernando County, are prohibited from using any form of tobacco product both on and off the job and cannot have used any tobacco product for a period of one year prior to date of State of Florida Firefighter Certification. I agree to abide by these conditions if hired.

Signature: _____

Date: _____

APPLICANT SURVEY FORM

The City of Clearwater is required by the Federal Government to report the information requested below for Equal Employment Opportunity (EEO) statistical purposes only. This information is voluntary and will in no way adversely affect or enhance your opportunity for employment. This form will be kept separate from the Application for Employment and will not be filed or referred to a department with your application.

Name: _____

Position: _____

Social Security #: _____

Gender: Male Female

Ethnic Group: White Hispanic or Latino
 Black or African American Asian
 Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native
 Two or more races (not Hispanic or Latino)

Date of Birth: _____

For Your Records:

The City of Clearwater is an Equal Opportunity Employer

The City of Clearwater does not discriminate in employment on the basis of age, race, color, religion, sex, national origin or marital status. Any applicant or employee who believes he/she has been discriminated against in any City employment practice may file a report with the City's Equity Services Department, P.O. Box 4748, Clearwater, FL 33758-4748.

It is the policy of the City of Clearwater not to discriminate on the basis of disability in employment or the provision of services. Individuals who require a reasonable accommodation in order to compete in an evaluation process must inform the Human Resources Department **before** the closing deadline for the position.

Veterans and spouses of veterans receive preference and are encouraged to apply. Supporting documentation (DD-214) must be presented at the time of application or sent via fax to 727-562-4877.

Florida is an "Open Records" State. Resumes and other data are subject to public/press inspection except where restricted by law.

Drug Free Workplace

The City of Clearwater is a drug-free workplace and as such is committed to providing an environment that encourages and supports a healthy, productive workforce and ensures safe working conditions. Satisfactory completion of a drug test is a mandatory condition of employment. A positively confirmed drug test or refusal to submit to a drug test will result in the conditional offer of employment being withdrawn and will render the applicant ineligible for City employment for six (6) months from the date of the positive drug test. Applicants and current employees who are hired for safety-sensitive positions will be required to submit to random drug testing.