



Date of Application: ____/____/____

CITY OF LONGWOOD

Fostering citizen trust and cultivating a prosperous community

175 West Warren Avenue
 Longwood, Florida 32750
www.longwoodfl.org

Employment Application

City of Longwood is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the City of Longwood will provide reasonable accommodations to qualified individuals with eligible disabilities (unless the disability precludes performance of the essential functions of the position). Resumes may not substitute for the complete application. It is the responsibility of the applicant to thoroughly and accurately complete the Employment Application. Incomplete applications will disqualify an applicant from consideration. Applications must be printed and submitted via fax, email or in person.

Position(s) Applied for: _____ Position Vacancy # _____

If claiming Veterans' Preference when applying for a position please complete the attached Veterans' Preference Addendum and provide a copy of your DD214 or Disability Documentation.

APPLICANT DATA

Name _____ Contact No. (____) ____ - ____
 (Last) (First) (M.I.)

Address _____ Alternate No. (____) ____ - ____
 (Actual Place (Street) Of Residence)
 _____ E-mail _____
 (City) (State, Zip)

Date available to work _____ Lowest Acceptable Annual Salary _____

ADDITIONAL INFORMATION	Answer the following questions by placing an "X" under "Yes or No"	
	YES	NO

1. Are you 18 years of age or older?		
2. If hired, can you submit certification of your legal right to work in the U.S.?		
3. Can you perform the essential functions of this job with or without reasonable accommodation?		
4. Have you ever been discharged from any job for any reason including but not limited to misconduct or unsatisfactory service? If yes, explain below.		
5. Have you ever resigned to avoid discharge from any job for any reason including but not limited to misconduct or unsatisfactory service? If yes, explain below.		
6. Have you ever worked under a different name? If yes, explain below.		
7. Have you ever filed an application for employment with the City of Longwood? If yes,		
8. Have you ever been employed by the City of Longwood? If yes, indicate date(s) of employment, position(s) held, and reason(s) for leaving below.		
9. Are any members of your family or relatives (by blood or marriage) employed by the City of Longwood? If yes, please indicate their name(s), position, and relationship below.		
10. Have you ever been convicted of a misdemeanor or felony? If yes, explain below. A conviction record will not necessarily prevent you from being employed.		
11. Have you received a ticket or been charged with any traffic violation(s) during the past (5) years? If yes, explain below.		

Item No.	Space for detailed answers. Indicate item number to which answers apply from above.

EDUCATION AND TRAINING Did you complete high school? Yes No GED

Name and Address of School	Course of Study	Number of Years Completed	Did you Graduate	Type of Diploma/Certificate/Degree
High School _____ City/State _____				
College _____ City/State _____				
Vocational/Certificates _____ City/State _____				
Technical _____ City/State _____				
Other _____ City/State _____				

PROFESSIONAL LICENSES/CERTIFICATION(S)

Do you possess a valid Florida driver's license? Yes No
 List special licenses or certificates held, showing licensing authority, license number, and expiration date.

SPECIFIC SKILLS (Related to Position Applied For)

Describe any computer skills and level of competency:

List all software used:

Describe any specific skills or specialized training (i.e. vehicle/equipment operation):

PERSONAL REFERENCES

List three (3) references (not relatives, former or present employers, fellow employees, or school teachers).

Name	Address/City/State	Occupation	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK HISTORY

YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. LIST YOUR CURRENT OR MOST RECENT EMPLOYER FIRST. PLEASE INDICATE YOUR EMPLOYMENT HISTORY FOR THE PAST (10) YEARS OR LAST (5) EMPLOYERS. INCLUDE VOLUNTARY, INTERNSHIPS, MILITARY SERVICE AND/OR UNPAID WORK EXPERIENCE IF ANY. IF DESIRED, INCLUDE A RESUME OR ADDITIONAL PAGES WHICH WILL HELP CLARIFY YOUR WORK EXPERIENCE.

Present Employer: _____ From: _____
 City and State: _____ To: _____
 Job Title: _____ Full-Time Part-Time
 Supervisor's Name: _____ Phone No. _____
 May we contact employer? Yes No /explain _____
 Starting salary: \$ _____ per _____ Leaving salary \$ _____ per _____
 Duties in detail:

Reason for leaving:

Previous Employer: _____ From: _____
 City and State: _____ To: _____
 Job Title: _____ Full-Time Part-Time
 Supervisor's Name: _____ Phone No. _____
 May we contact employer? Yes No /explain _____
 Starting salary: \$ _____ per _____ Leaving salary \$ _____ per _____
 Duties in detail:

Reason for leaving:

Previous Employer: _____ **From:** _____
City and State: _____ **To:** _____
Job Title: _____ Full-Time Part-Time
Supervisor's Name: _____ **Phone No.** _____
 May we contact employer? Yes No /explain _____
Starting salary: \$ _____ per _____ **Leaving salary** \$ _____ per _____
Duties in detail:

Reason for leaving:

STATEMENT OF UNDERSTANDING

The City of Longwood is authorized to verify any or all of the information contained on the application form. A false answer to any question(s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application and is subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation, falsification or omission of facts shall cause forfeiture of all rights to employment with the City of Longwood. If accepted for employment I agree to abide by and comply with all rules, regulations, policies and procedures of the City of Longwood. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the City of Longwood.

I freely and voluntarily agree to submit to a drug/alcohol test as part of my application for and as a condition of employment. I understand that either my refusal to submit to the drug/alcohol test or my failure to qualify according to the minimum standards established by the City of Longwood for this examination will disqualify me for further consideration for employment.

Signature _____ **Date:** ____/____/____

STATEMENT OF UNDERSTANDING AND AUTHORITY FOR RELEASE OF INFORMATION

I hereby give City of Longwood permission to make a thorough investigation of my entire background, including but not limited to, my work, motor vehicle records, educational record, achievement, attendance, personal history, disciplinary records, credit records and criminal history records and to investigate all other data I have provided. I also authorize and release any former employer, or its representatives as well as any and all other persons to provide City of Longwood with any and all information City of Longwood considers relevant to my possible employment regardless of whether such information about me is positive or negative. It is my understanding that this application by law, will become public record when submitted and City of Longwood cannot guarantee me it's confidentiality. I further understand that if employed, other potential employers may contact City of Longwood from time to time for job-related information. I hereby authorize City of Longwood to provide any information it deems relevant whether good or bad to potential employers upon request. City of Longwood will redact all information not subject to disclosure under Florida Statutes Chapter 19 (Florida Sunshine Law) social security numbers, date of birth, etc.

I have read and understand all of the information and agree to the terms provided herein and I hereby release City of Longwood, as well as all its employees, elected officials and agents, and others from any liability which may result from furnishing the information as set forth above.

All requests for information have been completed as fully and accurately as possible and I recognize that any material misrepresentation or pertinent omission of fact in my application as determined by City of Longwood may disqualify me from employment with City of Longwood or if employed and later discovered may result in termination of my employment.

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employer is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Signature _____ Date: ____/____/____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The following information is requested for Equal Employment Opportunity record keeping and reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, as amended by the Equal employment Opportunity Act of 1972, Section 709c. **THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION, AND IS VOLUNTARY.**

Sex: Male Female

National Origin: Caucasian (not of Hispanic Origin) Black (not of Hispanic Origin) Hispanic

American Indian or Alaskan Native Other (please specify) _____



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. If so, please attach [Certification of Unremarried Widow or Widower form VP3](#).
- (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 applynow@longwoodfl.org, or Call 407-260-3467, if you have any questions. You may also fax the **documentation to prove your status** to 407-260-3469.

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

By _____

Printed Name



VETERANS' PREFERENCE CERTIFICATION

Should the position for which you are applying be filled by someone who does not qualify for Veterans' Preference and/or should you feel that proper consideration of the Veterans' Preference has not been provided to you, please contact the City of Longwood Human Resources Department at 407-260-3481, 175 W. Warren Ave., Longwood, FL 32750.

You also have the right to initiate an investigation by the Florida Department of Veterans' Affairs. You may do so by notifying the State of Florida, Department of Veterans' Affairs, 9500 Bay Pines Blvd., St. Petersburg, FL 33708, within 21 calendar days from the date you received notice that you were not selected for the position. If a notice of hiring decision is not given, a complaint may be filed at any time.