



# APPLICATION FOR EMPLOYMENT

City of Hollywood

**Office of Human Resources & Risk Management**

2600 Hollywood Blvd. - P.O. Box 229045 - Hollywood, FL 33022-9045

**954-921-3216 - 954-921-3487 (fax) - www.hollywoodfl.org**

"An Equal Opportunity Employer"

*The City of Hollywood is committed to hiring candidates who are dedicated to providing services to our customers in an atmosphere of cooperation, courtesy and respect.*

**INSTRUCTIONS:** All statements are subject to investigation. Exaggerated, false or misleading statements are cause for rejection. **PLEASE PRINT CLEARLY** or type all information. Attach any documents, commendations, etc.. you feel will help you in the evaluation.

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## POSITION APPLIED FOR

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Other Phone Number: (\_\_\_\_) \_\_\_\_\_

**Valid Drivers License:** State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Operator's  CDL Class \_\_\_\_\_ Endorsements \_\_\_\_\_

## EDUCATION

**School:** (including vocational/technical and College) Circle Highest Year Completed: **1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18**

School Name Location (City & State)	Years Attended	Credit Hours Eamed	Did You Graduate?	Degree/ Certificate Received	Major Field of Study

# EMPLOYMENT RECORD

List all jobs held in the last ten (10) years plus any other employment as it related to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position and work back. Be specific - your examination score may depend on the information you provide.

May we contact your present employer regarding your record of employment?  Yes  No

Present or most recent employment: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Total Time: Mos. \_\_\_\_\_ Yrs. \_\_\_\_\_ Supervisors Name/Title \_\_\_\_\_

Hours per week: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties \_\_\_\_\_

Previous employment: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Total Time: Mos. \_\_\_\_\_ Yrs. \_\_\_\_\_ Supervisors Name/Title \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

Duties \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

Duties \_\_\_\_\_

Previous employment: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

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To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Total Time: Mos. \_\_\_\_\_ Yrs. \_\_\_\_\_ Supervisors Name/Title \_\_\_\_\_

Hours per week: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties \_\_\_\_\_

# EMPLOYMENT RECORD

List any relevant volunteer work and all periods of unemployment during the past ten (10) years.

From:	To	Description of Activities or Volunteer Work
__ / __	__ / __	_____
__ / __	__ / __	_____
__ / __	__ / __	_____
__ / __	__ / __	_____

List below the total number of months of experience operating various equipment and/or total number of months of **substantial** experience in craft(s), trade(s), or technical profession(s).

Months	Description of Equipment / Trade / Profession
_____	_____
_____	_____
_____	_____
_____	_____

List any membership(s) in professional, job-related organizations: \_\_\_\_\_  
\_\_\_\_\_

List any *active* professional, technical, occupational licenses or certificates and registrations you now hold: \_\_\_\_\_  
\_\_\_\_\_

List any awards, commendations, or other recognition received for outstanding achievement in school, military service, your work or civic duties: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or forced to resign from any job?  Yes  No If yes, please supply details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined in any job?  Yes  No If yes, please supply details: \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List three (3) personal references who are not relatives or former employers:

Name: _____	Occupation _____	Yrs. Known _____
Address _____	Telephone _____	
Name: _____	Occupation _____	Yrs. Known _____
Address _____	Telephone _____	
Name: _____	Occupation _____	Yrs. Known _____
Address _____	Telephone _____	

How did you learn about the position for which you are applying?

A City Employee                       Web Page - Specify \_\_\_\_\_  
 Employment Agency                 Newspaper Ad - Specify \_\_\_\_\_  
 Job Announcement Board         Professional Journal - Specify \_\_\_\_\_  
 High School/University            Other \_\_\_\_\_

## ANSWER ALL ITEMS AND CHECK INFORMATION WITHIN EACH BLOCK

**VETERAN PREFERENCE:** According to Florida Statutes, you may be eligible for five (5) preference points if you are a wartime veteran with an honorable discharge or unremarried widow of a veteran; or ten (10) points if you are a disabled veteran currently receiving disability benefits, or spouse of a disabled veteran. Veterans who are retired military personnel are excluded from these Statutes. PREFERENCE WILL BE GIVEN ONLY IF YOU SUBMIT A COPY OF PROPER DOCUMENTATION SHOWING DATES OF ENTRY AND SEPARATION AND, IF DISABLED, PROOF OF CURRENT RECEIPT OF DISABILITY BENEFITS WITH YOUR APPLICATION. Eligible veterans have the right to appeal to the Florida Department of Veterans' Affairs within 21 calendar days from date that notification is received regarding the hiring decision or within three (3) months of the date the application is filed with the employer if no notice is given.

Have you ever been a member of the armed services?  Yes  No      Is your discharge under honorable conditions?  Yes  No  
Do you claim veteran's preference?  Yes  No                      Are you retired for longevity from the military?  Yes  No  
Veterans preference is available only for Florida residents. Have you established Florida residency?  Yes  No

Have you ever been employed by the City of Hollywood?  Yes  No

If Yes, give dates and Department/Division: \_\_\_\_\_

Are you related to an employee of the City of Hollywood?  Yes  No

If Yes please give name, relation and employing Department/Division: \_\_\_\_\_

Have you ever been convicted of any criminal offense, pleaded guilty or *nolo contendere*, or found guilty of criminal offense, even though Adjudication was withheld or sentence was suspended?  Yes  No

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Place: \_\_\_\_\_ Current Status: \_\_\_\_\_

(NOTE - A 'YES' response to this question does not automatically disqualify you for employment.)

Have you ever been a defendant in any civil action or lawsuit that included a claim against you for an intentional tort (including, but not limited to Assault, Battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc...)?  Yes  No

If yes, state the date, name and location of the court in which the claim, action or lawsuit was brought against you, and the current status or disposition of the claim, action or lawsuit.

Date: \_\_\_\_\_ Court: \_\_\_\_\_

Status/disposition: \_\_\_\_\_

**IMPORTANT:** Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid Social Security card, (2) take a Loyalty Oath as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of employment, may be required to pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the City is required by federal law to verify having seen documents, which the applicant must provide as part of the employment processing that show the applicant's identity and right to work in the United States.

**APPLICANT CERTIFICATION - READ CAREFULLY BEFORE SIGNING:** I hereby certify that I have a sincere interest in obtaining this position and that each answer to questions herein and all other information otherwise furnished is true and correct. I understand that any incorrect, incomplete or false statements of information furnished my subject me to disqualification or discharge at any time.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# CITY OF HOLLYWOOD, FLORIDA

The following is requested on a voluntary basis. The information you provide will not be sent to the program unit you are referred to for employment consideration. We need the information in order to evaluate the effectiveness of our Equal Opportunity Affirmative Action Plan and it will be used only for research and analysis purposes. Information provided on this form will not aid or hinder your chances of being employed.

Today's Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Job Code Applied For \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**Sex:**  Male  
 Female

## Race

- White** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaska Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**NOTE:** Race and sex information is for statistical reporting purposes ONLY and is not used in hiring.

# VETERANS PREFERENCE QUESTIONNAIRE FOR THE CITY OF HOLLYWOOD, FLORIDA

Applicant must submit a copy of DD form 214 or military discharge papers or equivalent certification from the VA listing military status, dates of service, and discharge type: must be a Florida resident; and must meet the minimum qualifications as listed on the job description/announcement in order to receive preference.

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Date	Name / Signature	Position Applied For
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A. Are you claiming veterans employment preference? \_\_\_ **Yes** \_\_\_ **No**

If you answer NO, stop here. If you answer YES, please complete all applicable information below.

B. Please check one of the following which describes your Veterans' Preference Claim.

1. \_\_\_ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under the public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
2. \_\_\_ The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
3. \_\_\_ The unremarried widow or widower of a veteran who died of a service-connected disability.
4. \_\_\_ A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.

Wartime is defined as:

- |                                 |  |
|---------------------------------|--|
| (a) Korean Conflict:            | June 27, 1950, to January 31, 1955.  |
| (b) Vietnam Era:                | February 28, 1961, to May 7, 1975.   |
| (c) Persian Gulf War:           | August 2, 1990, to January 2, 1992.  |
| (d) Operation Enduring Freedom: | October 7, 2001, and ending on the date therefore prescribed by presidential proclamation or by law. |
| (e) Operation Iraqi Freedom:    | March 19, 2003, and ending on the date therefore prescribed by presidential proclamation or by law.  |

5. \_\_\_ A veteran who has received the Armed Forces Expeditionary Medal (AFEM).

## Notice of due process:

If an applicant claiming veteran's preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veteran's Affairs (FDVA), Mary Grizzle Building, Suite 332-A, 11351 Ulmerton Road, Largo, Florida 33778-1630. A complaint must be filed within twenty-one days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the application being filed with the employer if no notice is given.