

CITY OF GROVELAND

EMPLOYMENT APPLICATION

(excluding Firefighter applicants)

This application will only be considered active for 90 days from the date signed.
To be considered for employment after that date, a new application must be completed.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Drug Free Workplace

APPLICATION FOR EMPLOYMENT¹
THE CITY IS AN AT-WILL EMPLOYER

APPLICANTS² MAY BE TESTED FOR DRUGS IN ACCORDANCE WITH
THE FLORIDA DRUG FREE WORKPLACE PROGRAM

ALL PAGES MUST BE COMPLETED IN THEIR ENTIRETY.

DATE _____

Name _____
Last First Maiden Middle

Present address _____
Number Street City State Zip

How long _____

Home Phone () _____ Mobile () _____ Email _____

Are you 18 years of age or older? Yes No (If no, you will be required to provide authorization to work).

Can you perform the essential functions of the job you are applying for (with or without a reasonable accommodation)?
 Yes No

If you need an accommodation please explain what you need. If you have questions about what essential functions are applicable to the position, please ask the interviewer before you answer this question.

Are you legally authorized to work in the United States? Yes No

(Proof of identity and employment eligibility will be required upon employment).

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work:
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¹ The City complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire.

² Applicants seeking a job which is considered a mandatory-testing position or safety sensitive position will be required to submit to a pre-employment drug test.

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III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Typing speed _____ wpm Foreign Languages Yes No (indicate language and proficiency to speak, read and write)

Computer Skills (Indicate software used)

Other Skills

Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at this City? (Explain)

V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

1	Company Name	Phone ()			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving (be specific)	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name	Phone ()			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name	Phone ()			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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CRIMINAL HISTORY

Your answers to these questions will be checked against local, state, and federal records. Failure to answer these questions accurately is sufficient grounds to deny employment or for later dismissal if hired.

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR "NO CONTEST" (NOLO CONTENDERE) TO A CRIME, HAD ADJUDICATION WITHHELD OR PROSECUTION DEFERRED? No Yes

ARRESTS ARE NOT TO BE DISCLOSED. JUVENILE INFORMATION THAT IS CURRENTLY UNDER SEAL IS NOT TO BE DISCLOSED. OTHER SEALED OR EXPUNGED RECORDS ARE NOT TO BE DISCLOSED SO YOU MAY CHECK NO IF ALL OF THESE APPLY.

If yes, on the attached page 7, please explain number of conviction(s), nature of offense(s) leading to conviction(s) or pleas, how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. NOTE: An affirmative answer will not automatically disqualify you from being considered as a candidate for employment but the information will be considered in relation to the position that you are seeking. All requested information must be completed.

HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL SUIT FOR AN INTENTIONAL TORT (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death, etc.)? No Yes

If yes, provide details, including type of tort, date(s), county and state and disposition(s): _____

COMPLETE IF REQUIRED FOR JOB APPLYING FOR

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Expiration date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

REFERENCES

Please list two references (whom you have known for at least 2 years) other than relatives or previous employers.

Name _____ Position _____

Company _____ Address _____

Telephone(____) _____

Name _____ Position _____

Company _____ Address _____

Telephone(____) _____

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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying or any other information you think would be helpful to us in considering you for employment, such as additional work experience, special skills, articles/books published, activities, honors received, etc. (Please omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, genetics, disability or other protected characteristic).

Have you ever been involuntarily discharged (terminated or asked to resign), or allowed to resign in lieu of termination from a position? If so, explain the circumstances:

Are you currently employed? Yes No

If so, why do you wish to leave your current employment? _____

May we contact your present employer? Yes No

Have you ever applied or worked here before? _____ If yes, provide dates: _____

List any relatives or friends currently employed here:

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APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application or accompanying resume, letter of reference or other document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application or accompanying resume, letter of reference, other document, or communication (written or oral) will be cause for my dismissal at any time without prior notice. I hereby authorize investigation of all statements contained in this application. I understand that if employed it is not for a definite period of time and that either the undersigned or the City may end the employment relationship at any time, without specified notice or reason.

I acknowledge that this application will remain active for 90 days from this date. If I have not heard from the City at the conclusion of this 90 day period, if I still wish to be considered for employment by the City, it is my responsibility to complete a new application. If hired, I understand that this application becomes part of my official employment record.

I HAVE READ CAREFULLY, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE CONDITIONS OF ANY EMPLOYMENT THAT MAY BE OFFERED TO ME BY THE CITY.

NOTE: THIS APPLICATION IS NOT COMPLETE UNTIL THE ADDITIONAL ACKNOWLEDGMENTS ON PAGE 6 AND 7 ARE COMPLETED, INITIALED AND SIGNED BY THE APPLICANT.

Signature: _____

Print Name: _____

Date: _____

FLORIDA DRUG FREE WORKPLACE PROGRAM

THE CITY IS A DRUG FREE WORKPLACE. IT IS A CONDITION OF EMPLOYMENT WITH THE CITY THAT ALL EMPLOYEES REFRAIN FROM USING DRUGS AND ALCOHOL ON THE JOB. REFUSING TO SUBMIT TO A TEST FOR DRUGS OR ALCOHOL CAN RESULT IN THE FORFEITURE OF ELIGIBILITY FOR MEDICAL AND INDEMNITY BENEFITS AND WILL RESULT IN TERMINATION.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

This City is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, gender, national origin, citizenship, age, genetics, marital status, disability or other classification protected by law. We assure you that your opportunity for employment with the City depends solely on your qualifications.

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	<u>At-will.</u> I agree that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment for a definite term, or to confer any right to remain an employee of the City, or otherwise to change in any respect the employment-at-will relationship between the City and the undersigned. Both the undersigned and the City may end the employment relationship at any time, without specified notice or reason.
Initial	<u>Application Disclosure and Release.</u> I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is grounds for dismissal at any time without any previous notice. I hereby give the City permission to directly contact schools, previous employers (unless otherwise indicated), references, and others with relevant information (excluding any medical information except post-offer if required for the position and as permitted by law, or any information protected by law such as genetics, protected classifications, etc.) that may be useful to the City in making a hiring decision and I hereby release the City and such persons and organizations from any liability as a result of such contact. If employed, I also grant permission for the City to release information concerning my employment to prospective employers and, I release the City from any legal liability in providing any information. <u>If the City will use a third party to obtain this information about me then I understand that separate Fair Credit Reporting Act (FCRA) Disclosures and Consents for consumer reports and investigative consumer reports will be required to be completed at the appropriate time during the application process or during employment, and FCRA inquiries into any criminal history will be done only as permitted by applicable Florida law, including the timing of making the inquiries.</u>
Initial	<u>CBA.</u> The City and the International Union Police Associates, AFL-CIO and the Groveland City Employee Associates Local 6091 (the "Union") negotiated a collective bargaining agreement ("CBA"). The City approved the CBA but the Union did not approve the CBA so it has not yet been ratified. If hired by the City and if my position falls under a ratified CBA I understand that I should refer to the CBA for further information. I understand that nothing in the CBA as approved by the City affects the right of the City to modify or amend its handbook at any time. I am hereby informed that per the terms of the CBA approved by the City, in the event of a conflict, between the handbook and the CBA, the handbook (referred to as the Personnel Policy Manual in the CBA) will prevail.
Initial	<u>Driving.</u> I understand that if driving is required for my position then a driver's license check will be conducted in accordance with applicable law (through a direct MVR or as part of the third party background check conducted under the FCRA). If driving is a condition of my employment, then if employed I agree to immediately notify the City if my driver's license is suspended or revoked.
Initial	<u>Public Records.</u> If I become employed by the City I am aware that as a public employer the City must follow Florida's public records laws. I am aware that all e-mail sent to or from the City's email address becomes part of the City's public records, and may include my personal email communications. Comments received by the City e-mail system can be read by anyone who requests that privilege. In compliance with "Government in the Sunshine" laws, the City must make available, at request, any and all information not deemed a threat to the security of law enforcement agencies and personnel. All City employees have the obligation to comply with Florida's public records law.
Initial	<u>Post Offer Medical Information and Release.</u> I understand that if I am given a conditional offer of employment and if required for my position (law enforcement) I will be required to accurately and truthfully complete a post offer medical questionnaire and/or undergo a physical examination and I consent to the release to the City of any and all medical information, as may be requested or required by the City in judging my capability to do the work for which I am applying. I understand that if required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in a separate file. All other medical examinations will be requested and required as permitted by applicable laws such as the Americans with Disabilities Act (if applicable to the City).
Initial	<u>FDLE Consent.</u> I hereby consent to the City obtaining a public criminal history records check on me at the City's expense and I understand the report will be run by the Florida Department of Law Enforcement through its public records check process.
Initial	<u>Drug Testing.</u> I understand that if I have applied for a position which is considered a mandatory-testing position (for example one requiring operating machinery or driving) or safety sensitive position (law enforcement) I will be required to submit to a pre-employment drug test. If I have questions on whether the position I have applied for is one that requires a pre-employment drug test I may contact the City Human Resource Manager for more information.
Initial	<u>FCRA.</u> If I am conditionally offered a position then I understand that separate federal Fair Credit Reporting Act disclosures and acknowledgments will be provided to me and required to be signed by me as the applicant so the City can obtain consumer reports and investigative consumer reports on me which will be provided by a third party and that my offer is conditioned on a successful background check.
Initial	I HAVE READ CAREFULLY, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE CONDITIONS OF ANY EMPLOYMENT THAT MAY BE OFFERED TO ME BY THE CITY.

Signature: _____

Print Name: _____

Date: _____

CONFIDENTIAL CRIMINAL CONVICTION DISCLOSURE
[THIS PAGE TO BE REMOVED BY THE CITY AND PLACED IN A SEPARATE CONFIDENTIAL FILE]

Applicant's Name: _____ Position applying for: _____

PLEASE READ THIS STATEMENT CAREFULLY: A PAST CRIMINAL CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT. THE FOLLOWING INFORMATION WILL BE CONSIDERED IN RELATION TO THE POSITION THAT YOU ARE SEEKING: THE NATURE OF THE CRIME(S) FOR WHICH YOU WERE CONVICTED AND THEIR RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING, THE, NUMBER OF OFFENSES, THE TIME ELAPSE SINCE THE OCCURRENCE OF THE OFFENSE(S), YOUR AGE AT THE TIME OF THE OFFENSE(S), THE SERIOUSNESS OF THE OFFENSE, ANY INFORMATION YOU PROVIDE REGARDING YOUR REHABILITATION AND/OR GOOD CONDUCT, AND ANY PUBLIC POLICY CONSIDERATIONS OF THE STATE OF FLORIDA TO ENCOURAGE EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF A CRIMINAL OFFENSE, AS WELL AS THE CITY'S NEED TO COMPLY WITH ANY FEDERAL, STATE AND LOCAL LAW REQUIREMENTS. ALL REQUESTED INFORMATION MUST BE COMPLETED.

ARRESTS ARE NOT TO BE DISCLOSED. JUVENILE INFORMATION THAT IS CURRENTLY UNDER SEAL IS NOT TO BE DISCLOSED. OTHER SEALED OR EXPUNGED RECORDS ARE NOT TO BE DISCLOSED.

Please identify all criminal convictions below (excluding information as explained above). For each conviction provide the date of the offense, details Explain: number of conviction(s):

Provide any other information you want the City to consider, such as your rehabilitation and/or good conduct, etc. : **[attach separate page if necessary]**

Signature of applicant: _____

Printed Name: _____

Date: _____