



CITY OF PLANTATION, FLORIDA  
 Application for Employment  
 Human Resources Department  
 400 NW 73<sup>rd</sup> Avenue, Plantation, Florida 33317  
 Telephone (954) 797-2240  
 Website: [www.plantation.org](http://www.plantation.org)

**SUMMER**

Please note: Applications are accepted only for current open positions. Should you wish to do so, you may attach addendum to your application (i.e. resume, certification, or license) at the end of the application form.

I would like to apply for the following positions:

1.
2.
3.
4.
5.
6.

Are you claiming Veteran's Preference?  Yes  No. If yes, please complete Page 6 (Veteran's Preference Claim Form) and you must submit a copy of DD214 at time of application.

I am interested in  Full-time  Part-time  Temporary  Seasonal / Summer

The City of Plantation collects your Social Security Number for the following purposes: Classification of Accounts; Identification and Verification; Credit Worthiness; Billing and Payments; Data Collection, Reconciliation, Tracking, Benefit Processing, Tax Reporting, and to initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting Act; and for Drug Screening Identification.

Name      
 Last First Middle Maiden

Social Security Number

Address

Apt

City, State, Zip

Home Phone Number  Other (Cell, Beeper)

Email Address

Are you a U.S. Citizen?  Yes  No If not, you will need to provide documents authorizing work in the U.S.A.

Have you previously applied for employment with the City of Plantation?  Yes  No

If yes, state position and date:    
Position Date

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

If yes, give dates and position:

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State names / relationships of relatives or any person in your same household employed by the City of Plantation.

Have you **ever** been arrested, received a Notice to Appear, been charged, convicted, pleaded Nollo Contedere or pleaded guilty to **any** criminal violation?  Yes  No

If yes, please give details and disposition.

Note: Be sure you respond accurately, providing all requested information. Failure to disclose requested details will be counted as an omission of relevant facts.

Have you ever been accused of a civil action or wrongful injury, assault and/or battery?  Yes  No

If yes, please describe the outcome of the situation.

Note: Be sure you respond accurately, providing all requested information. Failure to disclose requested details will be counted as an omission of relevant facts.

If you do not have a driver's license, check this box.

Drivers License #

Class  Endorsements

State  Expiration Date

### EMPLOYMENT HISTORY

Begin with your present or most recent employment, including self-employment, part-time employment, and military service. Describe your paid work experiences for at least the past 10 years or, if applicable, list your past three (3) employers. Attach addendum if needed to complete this section.

May we contact your present employer(s)?       Yes                       No

|                    |                           |  |  |
|--------------------|---------------------------|--|--|
| Employer Name      | <input type="text"/>      | Position   | <input type="text"/>                               |
| Address            | <input type="text"/>      | Duties and Responsibilities  | <input type="text"/>                               |
| City/ State/ Zip   | <input type="text"/>      |  |  |
| Telephone          | <input type="text"/>      |  |  |
| Supervisor Name    | <input type="text"/>      | Supervisor Title   | <input type="text"/>                               |
| Reason for leaving | <input type="text"/>      | Presently employed   | <input type="radio"/> Yes <input type="radio"/> No |
| Employed Dates     | From <input type="text"/> | To   | <input type="text"/>                               |
| Final Salary       | <input type="text"/>      | <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Weekly        |  |
|                    |                           | <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Other |  |

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|                    |                           |  |  |
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|                    |                           | <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Other |  |

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Explain any gaps in work history listed on page 3.

Have you ever been fired, forced to resign, or resigned in lieu of termination?  Yes  No

If yes, please explain.

List all special skills, computer programs, office machines, equipment, tools, etc., you are familiar in using.

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**EDUCATION AND SPECIAL TRAINING DATA**

High School or GED

Name  Year Completed

Address

Degree  Major

Check Highest Grade Completed:  9  10  11  12

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College / University

Name  Year Completed

Address

Degree  Major

From Year  To Year

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College / University

Name  Year Completed

Address

Degree  Major

From Year  To Year

Special Training School

Name  Year Completed

Address

Licenses or Certificates

From Year  To Year

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**REFERENCES**

Please list three (3) references. (Not former employers or relatives).

Name  Telephone Number

Address, City, State, Zip

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Name  Telephone Number

Address, City, State, Zip

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Name  Telephone Number

Address, City, State, Zip

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**VETERANS' PREFERENCE CLAIM FORM**

Instructions: Complete ONLY if you are claiming Veterans' Preference.

Subsection 1.01(14) Florida Statute defines the term "Veteran" as one who has served in the active military and who is discharged UNDER HONORABLE conditions, notwithstanding any action by the Department of Veterans' Affairs on individuals discharged or released with "Other than Honorable" discharges. To receive benefits as a wartime veteran, a veteran must have served at least 1 day during one of the following periods:

(DOCUMENTATION OF SUCH SERVICE MUST BE PROVIDED AT TIME OF APPLICATION)

Please check the appropriate statement as it applies to you:

- World War II: December 7, 1941 to December 31, 1946
- Korean Conflict: June 27, 1950 to January 31, 1955
- Vietnam Era: February 28, 1961 to May 7, 1975
- Persian Gulf: August 2, 1990 to January 2, 1992
- Operation Enduring Freedom: October 7, 2001 to Present
- Operation Iraqi Freedom: March 19, 2003 to Present
- A Veteran who has served in a Campaign or Expedition for which a qualifying Campaign Badge has been authorized: including any Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal.

Also, please check the following appropriate statement as it applies to you.

- \* A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs, or
- \* 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, or
- 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, or
- \* The un-remarried widow or widower of a veteran who died of a service-connected disability.
- A Veteran who has served in a Campaign or Expedition for which a qualifying Campaign Badge has been authorized: including any Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal.

\* A STATEMENT OF DISABILITY CERTIFICATION FORM FROM THE DEPARTMENT OF VETERANS' AFFAIRS MUST BE SUBMITTED AT THE TIME OF APPLICATION.

Yes  No I am claiming Veterans' Preference. Please attach DD214 form, Member 4 copy of equivalent showing Character of Service.

Yes  No Are you a resident of the State of Florida? (Veterans' Preference is only available to Florida residents.)

If active service:

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Mary Grizzle Office Building, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed with the Florida Department of Veterans' Affairs within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of application if no notice given.

The City of Plantation complies with State Statutes on Veterans' Preference and Federal Statutes on non-discrimination on the basis of race, color, sex, religion, national origin, age, disability or marital status. For additional information on Veterans' Preference, the following link is provided as a public service: <http://www.floridavets.org/benefits/veteranspref.htm>.

**APPLICANT'S STATEMENT**

I hereby certify that all statements made in this application are true and complete. Further, I understand that misrepresentation or omission of information by me shall serve as a basis for termination of my employment with the City of Plantation. Permission is granted to the City of Plantation to investigate and verify any information provided on this and successive documents completed for purposes of employment consideration. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I understand that if I am employed by the City of Plantation that some potential employer may in the future contact the City concerning my work record and performance at the City. I hereby consent to and authorize persons employed by the City to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or a potential employer of mine with respect to my work record and performance of my job at the City of Plantation.

Signature of Applicant  Date

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**AN EQUAL OPPORTUNITY / DRUG FREE WORKPLACE EMPLOYER**

**RELEASE TO PROCURE CONSUMER REPORT**

I understand that in connection with my Application for Employment with the City of Plantation certain background information contained in a consumer report may be obtained in addition to my driving record and/or criminal background. I also understand that I have the right to decline authorization for the City of procure a consumer report concerning me, but by doing so, I will not be considered further for employment.

Position(s) applied for

*Position 1*

*Position 2*

*Position 3*

*Position 4*

*Position 5*

*Position 6*

- I authorize the City of Plantation to procure a consumer report concerning me.
- I do not authorize the City of Plantation to procure a consumer report concerning me.

Signature of Applicant  Date

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**THE CITY OF PLANTATION**  
**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The City of Plantation is committed to the concept of equal employment opportunity as a fundamental element of the City's employment principles. To reaffirm this, it is the practice of the City of Plantation to

- prohibit discrimination in all phases of employment because of race, color, creed, religion, national origin, sex, age, political affiliation, handicap, disability, or other non-merit factors (except where such factor is a bona fide occupational qualification or required by state and/or federal law),
- ensure that all decision in all phases of employment are based to further the principle of equal employment for all persons.

**EQUAL EMPLOYMENT OPPORTUNITY DATA GATHERING**

NOTICE: This information will not be kept with your Application for Employment. It is being gathered as data necessary under Equal Employment Opportunity.

Date

Positions Applied For:

Name

Female  Male

Address

City  State  Zip Code

Date of Birth  Social Security Number

Veteran  Yes  No

Check One  White  Black  Hispanic  Asian American  
 American Indian / Alaskan Native

How did you first learn about this position? (Check one)

- Newspaper Ad      Name of Newspaper
- Walk-In or Write-In
- City of Plantation Job Bulletin
- Professional Journal or Publication
- Internet
- City of Plantation Web Site
- City of Plantation Job Line
- Other (Specify)

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**CITY OF PLANTATION  
EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM**

I, \_\_\_\_\_, am the (mother, father or legal guardian) of \_\_\_\_\_,  
a minor, of \_\_\_\_\_ (address), in the City of \_\_\_\_\_,  
county of \_\_\_\_\_, State of Florida, who is employed by the City of Plantation.

I give my consent, in the event all reasonable attempts by authorized personnel to contact me at  
\_\_\_\_\_ (phone number), or to contact \_\_\_\_\_ (phone number)  
have been unsuccessful for:

1. The administration of any necessary treatment by a licensed physician or dentist; and,
2. The transfer of the minor to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner not having access to the minor's medical history:

ALLERGIES: \_\_\_\_\_

MEDICATION BEING TAKEN: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

PHYSICAL IMPAIRMENTS: \_\_\_\_\_

OTHER PERTINENT FACTS THAT PHYSICIAN SHOULD BE ALERTED TO: \_\_\_\_\_

\_\_\_\_\_

FAMILY PHYSICIAN'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

\*\* PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012 by  
\_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_

Signature of person taking acknowledgment  
Name of officer taking acknowledgment  
Commission number

01/12