



Application for Employment

City of Oakland Park Human Resources Dept., 3650 NE 12 Avenue, Oakland Park, FL 33334
Phone (954) 630-4313 **Job Line** (954) 630-4322 **Fax** (954) 630-4323
Web Site www.oaklandparkfl.org

OFFICE USE ONLY
 APPROVED
 DISAPPROVED
 REASONS:

 BY: _____

Instructions: Please print or type all information. This application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). **Incomplete applications will be reason for disqualification from further consideration.** If you need additional space to answer a question you may use 8 ½” by 11” sheets of paper. On each additional page, include your name and the position title for which you are applying. **If you are submitting a résumé, you must still complete all parts of this application.** All materials submitted become the property of the City and shall not be returned. All statements made on this application are subject to verification.

Position Applied For: _____ Required Salary: _____

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____ E-Mail: _____

<p>1. Are you legally authorized to work in the United States? (proof of citizenship or immigration status will be required upon employment). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you ever been fired, forced to resign, or resigned in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below: Employer's Name: _____ Date: _____ Reason: _____</p> <p>3. Will you work the night shift? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you work the weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If you are under 18 years of age, can you provide proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever worked for the City of Oakland Park? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you receiving benefits under the City of Oakland Park's Employee's Pension Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. Are you related to a City employee or is any member of your family employed by the City of Oakland Park? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the person's Name: _____ Relationship: _____ Department: _____</p> <p>8. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? Other than any minor traffic violations. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details below: Date: _____ Agency: _____ Offense/Charge: _____ <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Outcome: _____</p> <p>Note: A conviction does not automatically disqualify you from employment by the City. The nature of the offense, how long ago, etc., are given consideration.</p>
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The City of Oakland Park is an equal opportunity employer. All qualified applicants for employment shall be recruited, hired, and assigned on the basis of merit without regard to race, color, religion, creed, gender, gender identity, gender expression, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. The employment policies and practices of the City ensure that all qualified employees are treated equally with no discrimination in compensation, opportunities for advancement (including promotions and transfers), training, and discipline. The City shall award veteran's preference to qualified applicants who claim and document such status when applying.

EMPLOYMENT HISTORY

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part-time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment sign and attach sheet in the same format as below. Resume will not be accepted as official applications.

Job (1) Present or most Recent Employer						Employer: _____ Address: _____ Telephone Number: _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason For Leaving Position: _____ May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From		To		Total Time		
Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	
Hours per week _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____						
Specific Duties: _____ _____ _____						
Number of Employees supervised (if applicable): _____						
BETWEEN THESE JOBS (if applicable): <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____						

Job (2) Present or most Recent Employer						Employer: _____ Address: _____ Telephone Number: _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason For Leaving Position: _____
From		To		Total Time		
Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	
Hours per week _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____						
Specific Duties: _____ _____ _____						
Number of Employees supervised (if applicable): _____						
BETWEEN THESE JOBS (if applicable): <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____						

Job (3) Present or most Recent Employer						Employer: _____ Address: _____ Telephone Number: _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason For Leaving Position: _____
From		To		Total Time		
Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	
Hours per week _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____						
Specific Duties: _____ _____ _____						
Number of Employees supervised (if applicable): _____						
BETWEEN THESE JOBS (if applicable): <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____						

RECORD OF EDUCATION

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

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

Please list any Licenses Certifications relevant to the position

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

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

Please indicate any foreign languages you can speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

MILITARY HISTORY/VETERAN'S PREFERENCE

Are you claiming Veteran's Preference under Florida Law? Yes No

Have you entered into any employment with an employer covered by Florida Veteran's Preference Law since October 1, 1987? _____ If yes, where? _____

Note: If you are claiming veteran's preference, you must submit a copy of your DD214 Discharge Order and/or official Disability Letter to Human Resources with the application.

RESIDENT'S PREFERENCE

If your current residency in the City of Oakland Park has been continuous for the past year and you wish to be eligible for residence preference points, please attach proof of such residence. (i.e. utility bill, etc.)

PERSONAL REFERENCES – May not be a family member or employment related.

Name	Address	Phone	How long have you known this person?
1.			
2.			
3.			
4.			

General Instructions: The following questionnaire is to be completed only by those applicants for position which would require the driving of a City vehicle. Please print all information exactly as shown on the driver's license.

Driver's License Number	Issuing State	Date of Issue	Type CDL _____ Class _____ Endors. _____ Operator _____
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Name: First Middle Last

Address: Street City State Zip Code

If you have not held a Florida Driver's License for the last three years, please give prior driver's license number and state in which it was issued:

License currently valid? Yes _____ No _____	Has your license expired? Yes _____ No _____
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Has your license ever been suspended? Yes _____ No _____ If yes, please explain:

Has your license ever been revoked? Yes _____ No _____ If yes, please explain:

List ALL traffic citations received within the last seven years. For each offense, give date, description of offense, city, and state in which the offense occurred, and disposition of case. Attach additional sheet if needed.

Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____	Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____
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Have you ever completed a Defensive Driving Course? Yes _____ No _____
If yes, please give date completed: _____

Certification of Applicant – Please read carefully before signing.

I hereby certify that all answers to the above questions and statements on the Driver's License form are true, and I agree and understand that any misstatements of material facts contained in the form may cause forfeiture upon my part of all rights to any employment sought hereunder.

_____ _____
Signature Date

City of Oakland Park
Pre-Job Offer Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of the records specified below concerning myself to any duly authorized agent of the City of Oakland Park, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records from educational institutions, employment, and pre-employment records, including background reports, efficiency ratings, or complaints or grievances filed by or against me. If hired this authorization shall remain on file and shall serve as an ongoing authorization for the City of Oakland Park to procure consumer reports at any time during your employment.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment/volunteer service by the City of Oakland Park. I also certify that any person(s) who may furnish accurate information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Date

Address: _____

Phone: _____

Social Security Number: _____

Date of Birth: _____

(To be used for background purposes)

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 these purposes.

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

TO ALL APPLICANTS: The following information is being gathered by the City of Oakland Park for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so, and assure you that this information will not be used to evaluate your application and will be kept confidential.

JOB/POSITION APPLIED FOR: _____

DATE OF BIRTH (Month/Day/Year): _____

SEX

- Male
- Female

Race/Ethnic Categories (Check One)

1. Black: includes persons of African descent as well as those persons identified as Jamaican, Trinidadian and West Indian.
2. Asian or Pacific Islander: includes all persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
3. Hispanic: includes all persons of Mexican, Puerto Rican, Cuban, South American, or Spanish culture or origin, regardless of race.
4. American Indian or Alaskan native: includes all person having origins in any of the original peoples of North America, who maintain cultural identification through tribal affiliation or community recognition.
5. White (not of Hispanic origin): includes all persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
6. Other: includes Aleuts, Eskimos, Malayans, Thais, and others not covered by a specific category.

If this category is checked, indicate specific ethnicity or national origin: _____

HOW DID YOU LEARN OF THIS POSITON

- Ad in newspaper _____
- Ad in trade journal _____
- Ad on radio _____
- Job Line _____
- City bulletin board/walk-in
- Friend
- City Employee
- Internet _____
- Job Fair _____
- Agency Referral _____
- Other _____

PLEASE INITIAL

- Answer all questions completely?
- Cover a full 10 year employment history?
- Explain all gaps in employment?
- Submit copies of documents requested, if applicable?
- Sign and date the application?

Please read this statement carefully before signing below:

APPLICANT STATEMENT

Thank you for completing this application form and for your interest in employment with us. The City of Oakland Park is an Equal Opportunity Employer. The City of Oakland Park does not discriminate on the basis of age, race, religion, sex, national origin, sexual orientation, disability or any legally protected classification of employment, promotional opportunities or in the selection of volunteers or interns.

I certify that I have read, understand, and can perform the essential functions of this position with or without reasonable accommodations.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Oakland Park is true and correct. I understand that any incorrect, incomplete, or false statement of information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education documents, Degree, Certificates, and training requirements for the position are subject to investigation and verification.

I give my consent to the City of Oakland Park to conduct a complete criminal background investigation, reference checks, and motor vehicle record check, if applicable. This may also include a drug screen as required by the drug free workplace program.

Firefighter applicants will additionally be required to take an examination(s), psychological and/or personality/suitability examination, and any other selection processes at a later date prior to a final job offer.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGNATURE OF APPLICANT

DATE

Notes:

- Applicants must provide copies of documents required with application.
- If you require special testing accommodations due to a disability, please notify the staff **BEFORE** the test date.