



# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

<b>NAME:</b> (Last, First, Middle)	<b>EMAIL ADDRESS:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)	<b>ALTERNATE PHONE:</b>
<b>HOME PHONE:</b>	
<b>DRIVER'S LICENSE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PREFERENCES

<b>POSITION APPLYING FOR:</b>	<b>PREFERRED SALARY:</b>
<b>WHAT TYPE OF JOB ARE YOU LOOKING FOR?</b> <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship	
<b>TYPES OF WORK YOU WILL ACCEPT:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<b>SHIFTS YOU WILL ACCEPT:</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	
<b>ARE YOU WILLING TO RELOCATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	

## EDUCATION

<b>DATES:</b> From:                      To:	<b>SCHOOL NAME:</b>	
<b>MAJOR:</b>	<b>LOCATION:</b> (City, State)	
<b>HIGHEST GRADE COMPLETED:</b>	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>

<b>DATES:</b> From:                      To:	<b>SCHOOL NAME:</b>	
<b>MAJOR:</b>	<b>LOCATION:</b> (City, State)	
<b>HIGHEST GRADE COMPLETED:</b>	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>

<b>DATES:</b> From:                      To:	<b>SCHOOL NAME:</b>	
<b>MAJOR:</b>	<b>LOCATION:</b> (City, State)	
<b>HIGHEST GRADE COMPLETED:</b>	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>

**WORK EXPERIENCE**

<b>DATES:</b> From:            To:		<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)			
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>REASON FOR LEAVING:</b>	
<b>DUTIES:</b>			

<b>DATES:</b> From:            To:		<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)			
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>REASON FOR LEAVING:</b>	
<b>DUTIES:</b>			

<b>DATES:</b> From:            To:		<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)			
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>REASON FOR LEAVING:</b>	
<b>DUTIES:</b>			

<b>DATES:</b> From:            To:		<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)			
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>REASON FOR LEAVING:</b>	
<b>DUTIES:</b>			

**CERTIFICATES AND LICENSES**

<b>TYPE:</b>	<b>ISSUING AGENCY:</b>
<b>TYPE:</b>	<b>ISSUING AGENCY:</b>
<b>TYPE:</b>	<b>ISSUING AGENCY:</b>

<b>OFFICE SKILLS:</b>					
Typing:					
Data Entry:					
<b>OTHER SKILLS:</b>					
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
<b>LANGUAGE(S):</b>					
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write		
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write		
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write		

**ADDITIONAL INFORMATION**

(Military Service, Professional Memberships, Volunteer Experience, etc.)

**REFERENCES**

<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)		
<b>EMAIL ADDRESS:</b>		<b>PHONE NUMBER:</b>

<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)		
<b>EMAIL ADDRESS:</b>		<b>PHONE NUMBER:</b>

<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)		
<b>EMAIL ADDRESS:</b>		<b>PHONE NUMBER:</b>

AGENCY WIDE SUPPLEMENTAL QUESTIONS

1. Are you legally eligible for employment in the United States?

- Yes       No

2. Have you ever been convicted of any offense(s) other than minor traffic violations?

NOTE: Reckless driving and DUI are considered criminal traffic violations.

- Yes       No

3. If you answered "Yes" to question #2 above, please indicate the location, date, and description of the offense(s):

4. Have you ever had your driver's license suspended/revoked?

NOTE: Reckless driving and DUI are considered criminal traffic violations.

- Yes       No

5. If you answered "Yes" to question #4 above, please describe, including date(s):

6. Have you ever worked in any position for the City of Bonita Springs?

- Yes       No

7. If you answered "Yes" to question #6 above, please list position, department, start date, and end date:

9. Do you have any relatives currently working for City of Bonita Springs?

- Yes       No

10. If you answered "Yes" to question #9 above, please list name(s) and department(s):

11. Have you ever been known or employed under any other names?

- Yes       No

12. If you answered "Yes" to question #11 above, please list previous name(s):

13. How did you learn about this position?

- City Website       GOVT TV Channel       Walk-in       Job Line  
 Current Employee       Newspaper       Governmentjobs.com       Word of Mouth  
 Other \_\_\_\_\_

**Please Read Carefully Before Signing APPLICANT'S  
CERTIFICATION AND AGREEMENT**

I UNDERSTAND AND AGREE that, except as specifically prohibited by state law or City ordinance or regulation, all City policies and procedures do not create any property rights in employment; and that employment may be terminated by either the employee or the City with or without cause.

I CERTIFY that all information given out in this employment application, in related documents and in all interviews is true and correct. I understand that the City may make a thorough investigation of my character, reputation, past employment and other relevant history. I authorize the giving and receiving of any such information requested by the City (including financial and credit records) and hereby relieve and release all former employers and their agents of any liability for any information they may give to the City. I also authorize educational institutions to furnish any records of my education, coursework, and/or degrees granted while attending that institution. I hereby waive any rights or claims I may have whether present fully developed or not against City of Bonita Springs or its agents or employees arising out of or resulting from the release, authorized or unauthorized, of the following information received pursuant to or in connection with the City's handling, processing, investigation, etc., of my application for employment with the City.

I UNDERSTAND that if hired, I will be placed on a 6-month probationary period. I further understand that if in accordance with the Florida Statute §443.131(3)(a)(2), I am terminated for unsatisfactory work performance within 3 months, the employer's unemployment account shall not be charged for any unemployment benefits paid to me.

I AGREE that if City of Bonita Springs employs me, a future potential employer may contact the City or its representatives concerning my work record and my work performance at the City. I hereby consent to and authorize persons employed by the City to divulge any and all information they consider relevant to any person representing himself or herself to be an employer or potential employer of mine with respect to my work record and/or performance of my job at City of Bonita Springs. I understand that all information provided herein is public record and is subject to review upon request.

I AGREE to submit to any appropriate testing, including to determine the presence of alcohol or illegal controlled substances in my body, under whatever policies or procedures City of Bonita Springs has in effect at the time testing is required.

I AGREE to pre-employment testing if requested and understand that failure to meet any job-related medical and/or health requirements for the positions may prevent employment by the City.

I UNDERSTAND that all employees who do not have a written employment contract with a limited and specified duration are employed at the will of the City and that all offers of employment are contingent upon successful completion of all background investigations; which may include, but are not limited to, employer and non-employer references and, where applicable, pre-employment testing.

I UNDERSTAND that City of Bonita Springs will not tolerate sexual and any other form of unlawful harassment. I understand that I have the affirmative obligation to report incidents and participate in any investigation as requested. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate dismissal.

I UNDERSTAND that falsification of any information so given or other information that, either singly or cumulatively, would tend to negatively impact the hiring decision discovered as a result of any background check or investigation may be grounds for not hiring an applicant or may subject me to immediate dismissal if employed.

I AGREE that if hired by City of Bonita Springs, upon termination of employment, I shall return all City property.

**APPLICATION DISCLOSURE**

I UNDERSTAND that pursuant to the requirements of the Fair Credit Reporting Act, a *consumer report* may be made in connection with my application for employment. If I am denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to me of the name and address of the consumer-reporting agency making such a report. I will also receive a copy of the report and a statement of my consumer rights. I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report for employment purposes at the time of my application or if hired at anytime during my employment with City of Bonita Springs.

Applicant Name (PLEASE PRINT CLEARLY): \_\_\_\_\_

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

**QUESTIONS 14 THROUGH 16 ARE OPTIONAL**

**14. Gender:**

- Female     Male

**15. Race/Ethnicity**

- White (not of Hispanic origin)  
 Hispanic  
 Black (not of Hispanic origin)  
 Asian or Pacific Islander  
 American Indian or Alaskan Native

**16. Handicapped/Disabled:**

- Yes     No