

# CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL 32727-0068

Website – [www.eustis.org](http://www.eustis.org)

E-Mail – [personnel@ci.eustis.fl.us](mailto:personnel@ci.eustis.fl.us)

Phone – 352-483-5472

FAX – 352-483-0492

## APPLICATION FOR EMPLOYMENT

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

APPLYING FOR

THE POSITION OF: \_\_\_\_\_

(Please Note: Applications are only accepted for positions that are currently open. A separate application must be submitted for each position.)

REFERRAL:  Newspaper  City Website  Other Website  
 Walk In  Relative  Employee  Workforce  Other \_\_\_\_\_

NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

Street/P.O. Box

City

State

Zip

PREVIOUS ADDRESS: \_\_\_\_\_

Street/P.O. Box

City

State

Zip

How long have you lived at present address? \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever worked for the City of Eustis?  Yes  No If yes, when? \_\_\_\_\_

Are you currently employed?  Yes  No May we contact you at work?  Yes  No

What number can we reach or leave a message for you during the day? Phone #: \_\_\_\_\_

Are you available:  Full Time  Part Time  Temporary  Shift Work

Are you able to work nights and weekends, if necessary?  Yes  No

Do you possess a valid Fla. Driver's License (if required)?  Yes  No

Do you possess a valid Fla. Commercial License (if required)?  Yes  No

Are you legally eligible for employment in the United States of America?  Yes  No

Have you ever been convicted, pled guilty or no contest to, had prosecution deferred or adjudication withheld on a felony or first-degree misdemeanor in any jurisdiction?  Yes  No If yes, when? \_\_\_\_\_

Explain: \_\_\_\_\_  
(Nature, severity and date of offense in relation to the position for which you are applying are considered.)

Do you have any pending criminal charges?  Yes  No If yes, explain: \_\_\_\_\_

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

If yes, with whom and how are you related? \_\_\_\_\_

Please list the names of employees you know who work for the City of Eustis: \_\_\_\_\_

**SWORN POLICE APPLICANTS ONLY:** Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?

Yes  No If yes, when: \_\_\_\_\_ Explain: \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD:** List ALL present and past employment including full and part time, temporary and volunteer beginning with most recent. (DO NOT OMIT ANY PREVIOUS EMPLOYERS. ATTACH ADDITIONAL PAGES IF NECESSARY.) This section must be completed whether or not you have attached a resume. Complete address and phone numbers of previous employers and references must be provided. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

**Name & Address of Organization:**

\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Describe the work you did: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Name & Address of Organization:**

\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Describe the work you did: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Name & Address of Organization:**

\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Describe the work you did: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Name & Address of Organization:**

\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Describe the work you did: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**EMPLOYMENT RECORD (CONTD.)**

**Name & Address of Organization:**

From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

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

**Name & Address of Organization:**

From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

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

**ADDITIONAL INFORMATION:**

Have you ever been discharged for any reason from any job? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

**UNEMPLOYMENT:**

Please list all periods you were unemployed during the past ten (10) years.

From: To:  
Month/Yr Month/Yr Please state what you were doing during this period.

From: Month/Yr	To: Month/Yr	Please state what you were doing during this period.

**OTHER CONTACTS:**

(Please provide the names and numbers of other people we may call to contact you.)

Name	Phone #
Name	Phone #

**EDUCATION: (Circle Highest Grade Completed)**

**GRAMMAR AND HIGH SCHOOL:**

1 2 3 4 5 6 7 8 9 10 11 12 GED

**COLLEGE:**

13 14 15 16

**GRADUATE:**

17 18 19 20

Name of High School(s):	City and State:		
Name of College:	City and State:	Major:	Degree Received:
Name of Graduate School:	City and State:	Major:	Degree Received:
Other Trade, Technical, Etc:	City and State:	Major:	Degree Received:
Foreign Language Skills:		<input type="checkbox"/> Read	<input type="checkbox"/> Write <input type="checkbox"/> Speak

**PROFESSIONAL REGISTRATION:**

Registration #	Type of Registration	State	Date Issued	Expiration

**SPECIALIZED TRAINING AND/OR EXPERIENCE:**

**Business:**

____ Typing (WPM _____)
____ Computers/Software (List)

**Certifications:**

List certificates from training, education, etc.

**Other Skills:**

List any special qualifications not covered elsewhere in this application

**REFERENCES:**

Please list at least four (4) references who are not related to you and who have knowledge of your qualifications for this position. **(IMPORTANT: Please provide complete mailing addresses including Street, City, State and Zip.)**

Name	Phone #	Name	Phone #
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address	
Employer	Phone #	Employer	Phone #
Occupation		Occupation	
Name	Phone #	Name	Phone #
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address	
Employer	Phone #	Employer	Phone #
Occupation		Occupation	

**VETERAN'S PREFERENCE (If applicable):**

The CITY OF EUSTIS complies with s.295.065 FS and encourages qualified service members and veterans, and the spouses and family members of service members and veterans to apply for employment. If you wish to be identified as claiming Veteran's Preference, please check applicable statement and sign below.

I wish to claim Veteran's Preference as:

- (a) A disabled veteran who:
  - \_\_\_\_\_ 1. Has served on active duty in a branch of the United States Armed Forces and who has received an honorable discharge and who has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
  - \_\_\_\_\_ 2. Is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.
- \_\_\_\_\_ (b) The spouse of any person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment and the spouse of a person missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- \_\_\_\_\_ (c) A wartime veteran as defined in s.1.01 (14) FS, who has served at least 1 day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph. (If you have a question regarding this definition, please let us know.)
- \_\_\_\_\_ (d) The unremarried widow or widower of a veteran who died of a service-connected disability
- \_\_\_\_\_ (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- (f) A veteran as defined in s.1.01 (14). Active duty for training may not be allowed for eligibility under this paragraph. (The term "veteran" means a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges.)

\_\_\_\_\_ (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

An applicant claiming preference is responsible for providing the required documentation by the closing date. Complaints regarding the rejection of an application subject to employment preference must be filed with the Division of Veteran's Affairs 11351 Ulmerton Road, Suite 311-K Largo, FL 33778-1630, within 21 days after notification of rejection.

If you wish to be identified as claiming Veteran's Preference, please attach verification documentation and sign below.

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

### **PROFESSIONAL OR CIVIC MEMBERSHIPS:**

Please exclude memberships that would reveal your age, sex, race, religion, national origin, disability or other protected status:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **CERTIFICATE OF APPLICANT (Please Read Carefully):**

I certify that the answers given on this application are true and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I realize that misrepresentation of facts or the failure to update any information relating to questions on the application may be cause for rejection of this application or dismissal after employment. I understand that applications are considered current up to ninety (90) days and that in order to be considered after that time, I must reapply or reactivate my application.

I authorize the City of Eustis to make any inquiries it desires concerning me. I authorize schools, references and my prior employers to provide my records, reason for leaving and all other information they may have concerning me to the City of Eustis. I authorize the City to contact all previous employers for whom I may have performed duties requiring a Commercial Driver's License, in order to access any and all information regarding my commercial driving record. I hereby authorize these employers to release information from the previous two (2) years regarding all alcohol tests with results of .02 or greater; positive tests for drugs; and/or documentation of refusals to be tested. I release the City and all other parties from any and all liabilities or claims for any damage that may result from the above.

I certify that I have received a written notification that the City may obtain a consumer report or reports on me (see attached). I authorize the City to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I acknowledge that final employment is contingent upon satisfactory completion of all employment procedures, including interview, examinations and verification of all relevant information, criminal history check, polygraph (sworn police applicants) and any applicable statutory provision. I understand that if I am a final candidate for a special risk and/or mandatory testing position under s. 440.102 FS that I will be required to undergo drug testing as a condition of employment and hereby agree to such drug testing. I understand that if I am a final candidate for a position that is physically demanding and/or expose the employee to safety hazards that I will be required to undergo an employment physical and I hereby agree to such employment physical. I understand that anyone not passing the drug test and/or meeting the physical requirements of a job may not be hired.

In the event of my employment, I understand that I may be required to submit to a drug or alcohol test if either my job performance is perceived to be impaired or if I am involved in an accident during work hours. I understand that positive test results can affect my eligibility for worker's compensation benefits and can lead to disciplinary action up to and including dismissal. If hired into a position that requires a commercial driver's license, I understand that I will also be subject to random, unannounced drug and/or alcohol testing.

In the event of my employment, I agree to conform to the rules and policies of the City of Eustis and to work the various shifts and/or overtime as requested. I understand that all City employees are required to assist the City in preparation for and aftermath of a major emergency such as a hurricane or other storm or disaster. If asked, I understand that I will be required to stay at a city work shelter during such emergency in order to be readily available for duty afterwards. Work assignments may vary from an employee's current job description and are in support of the City's efforts to protect the citizens of Eustis and to maintain services. If overtime is incurred, employees are paid in accordance with the overtime requirements of the Fair Labor Standards Act.

I understand that if hired, my employment will be for no definite period regardless of the period of payment of my wages. I further understand that my status as an employee of the City is "at will", and this is an employment which has no specified term and which may be terminated at the will of either party on notice to the other. I understand that no one, other than the City Manager, has the authority to modify the relationship or to make any agreement to the contrary and that any such modification or agreement must be in writing.

Should I be employed, I understand that such employment will be on a trial period of one year (12 months). I further understand that my employment will not result in an employment contract for any specific term. I agree that the City can withhold my wages to cover any shortages or damages for which I am responsible and accountable.

I understand that if employed and during the term of employment, employees must reside within a reasonable driving distance of the City of Eustis, suitable to the work response requirements of their particular department.

I understand that if employed, I will be subject to the rules and guidelines of the particular retirement plan for which I am eligible. I understand that these retirement plans including the ICMA 401 Retirement Plan (general employees) and the Sworn Police and Fire Pension Plan may require that a percentage of my earnings be contributed into their respective plans.

I have read and I understand the above statements. I hereby represent and certify that I am genuinely and sincerely interested in employment with the City and that my application is submitted in good faith and without false pretenses, in furtherance of my sincere and genuine interest in employment with the City of Eustis.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

PER 002-06

## **CITY OF EUSTIS**

# **CONSUMER REPORT NOTIFICATION**

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that the City may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An "investigative consumer report" contains information on your character, general reputation, personal characteristics, or mode of living, which has been obtained through personal interviews with neighbors, friends, or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.