



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

SUMMER
COUNSELOR IN TRAINING

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:

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

Is there anything in your background that would disqualify you from this position if we were to learn of it later?

Yes No

If yes, please give details.

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	
City / State/ Zip	<input type="text"/>		
Telephone	<input type="text"/>		
Supervisor Name	<input type="text"/>	Supervisor Title	
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

Employer Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Duties and Responsibilities	
City / State/ Zip	<input type="text"/>		
Telephone	<input type="text"/>		
Supervisor Name	<input type="text"/>	Supervisor Title	
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

Employer Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Duties and Responsibilities	
City / State/ Zip	<input type="text"/>		
Telephone	<input type="text"/>		
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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

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.

EDUCATION AND SPECIAL TRAINING DATA

High School or GED

Name Year Completed

Address

Degree Major

Check Highest Grade Completed: 9 10 11 12

College / University

Name Year Completed

Address

Degree Major

From Year To Year

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

REFERENCES

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

Name Telephone Number

Address, City, State, Zip

Name Telephone Number

Address, City, State, Zip

Name Telephone Number

Address, City, State, Zip

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

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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SECTION II

******* TO BE COMPLETED FOR VOLUNTEERS UNDER THE AGE OF 18 *******

PARENTAL CONSENT

I give my consent for my son/daughter _____, to work as a volunteer with the City of Plantation.

Parent/Legal Guardian Signature

Date

The foregoing instrument was acknowledged before me this ____ day of _____, _____ 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

SECTION III

ALL VOLUNTEERS PLEASE READ AND SIGN:

I understand that I am volunteering to serve the City of Plantation without any expectations of receiving compensation for my time and effort.

Date

Signature

* ORIGINAL COPY - submit to Human Resources Department.

Retain a photocopy for your records.

Rev.12/12

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

THE FOLLOWING INFORMATION IS NEEDED BY ANY HOSPITAL OR PRACTITIONER NOT HAVING ACCESS TO YOUR MEDICAL HISTORY IN CASE OF AN ACCIDENT WHILE VOLUNTEERING YOUR SERVICES WITH THE CITY OF PLANTATION:

PLEASE PRINT CLEARLY:

NAME: _____

ALLERGIES: _____

MEDICATIONS
BEING TAKEN: _____

DATE OF LAST
TETANUS SHOT: _____

PHYSICAL
IMPAIRMENTS: _____

ANY PRE-EXISTING
MEDICAL PROBLEMS: _____

ANY SURGERIES &
DATES OF SURGERIES: _____

FAMILY PHYSICIAN'S
NAME & PHONE NUMBER: _____

The above information has voluntarily been given to the City of Plantation in the event I sustain an injury while serving the City of Plantation in a voluntary capacity and is to be released to the attending hospital or licensed physician.

Date

Signature

* Original form to be obtained by supervisor.
Submit a copy of form to the Human Resources Department.