



CITY OF PINELLAS PARK APPLICATION FOR EMPLOYMENT

5141 78TH Avenue
P.O. Box 1100
Pinellas Park, FL 33780-1100

Phone: (727) 541-0803
Jobline: (727) 541-0703
Website: www.pinellas-park.com

DRUG FREE WORKPLACE EMPLOYER

AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal & State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to Race, Color, Religion, Sex, National Origin, Age, Disability, Marital Status or Veteran Status (except if eligible for Veterans' Preference).

GENERAL INSTRUCTIONS

- ❖ Our application has been developed to give you every opportunity to list your qualifications and abilities.
- ❖ You may include a resume or provide copies of documents which help to clarify your training, education and work experience. However, you must also **fill out the application completely.**
- ❖ All questions must be answered factually and completely. The information you provide will be verified. For questions that **do not** apply to you, insert "N/A" (not applicable).

GENERAL INFORMATION

(PLEASE PRINT)

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

NAME _____ SOCIAL SECURITY# _____
Last First Middle

HOME ADDRESS _____
Number & Street City State Zip Code

HOME PHONE _____ CONVENIENT TIME TO CALL _____ BUSINESS OR MSG. PHONE _____ CONVENIENT TIME TO CALL _____

ARE YOU A UNITED STATES CITIZEN? _____ IF NOT, DO YOU HAVE A WORK VISA? _____ (A copy must accompany this Application).

IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID FLORIDA DRIVER'S LICENSE? _____ IF YES, LIST EXPIRATION DATE: _____

WHICH TYPE OF DRIVER'S LICENSE DO YOU CURRENTLY POSSESS:

CDL-Class A _____ CDL- Class B _____ CDL -Class C _____ Class D _____ Class E _____ Operator _____ Chauffeur _____

List CDL Endorsements, if any: _____

HAVE YOU EVER WORKED FOR THE CITY OF PINELLAS PARK? _____ IF YES, WHEN? _____

HAVE YOU EVER FILED AN APPLICATION FOR EMPLOYMENT WITH THE CITY OF PINELLAS PARK? _____ IF YES, WHEN? _____

DO YOU HAVE RELATIVES WHO ARE CURRENTLY WORKING FOR THE CITY OF PINELLAS PARK? _____ IF YES, LIST NAMES AND RELATIONSHIPS: _____

ARE YOU APPLYING TO WORK (check all that apply):

Full-Time _____ Part-Time _____ Shifts _____ Temporary _____ Evenings _____ Weekends _____ Holidays _____ Overtime _____

DATE AVAILABLE TO BEGIN WORK: _____ MINIMUM SALARY EXPECTED: _____

ARE YOU A VETERAN CLAIMING VETERANS' PREFERENCE? _____ (If YES, a copy of your DD-214 and the City's eligibility form must accompany this Application.)

ARE YOU OVER 18 YEARS OF AGE? _____ ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? _____

REFERRAL SOURCES – HOW DID YOU LEARN ABOUT US AND/OR THE POSITION FOR WHICH YOU APPLIED:

ST. PETE TIMES _____ CITY'S JOBLINE _____ CITY'S WEBSITE _____

TAMPA TRIBUNE _____ CITY EMPLOYEE _____

OTHER NEWSPAPER _____ ANOTHER SOURCE _____

EDUCATION AND TRAINING

NAME & LOCATION OF HIGH SCHOOL ATTENDED: _____
High School Name City State

IF YOU **DID NOT** GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A G.E.D.? _____ IF **YES**, PLACE G.E.D. RECEIVED: _____

CIRCLE YOUR HIGHEST GRADE **COMPLETED**:
HIGH SCHOOL COLLEGE GRADUATE SCHOOL
9 10 11 12 1 2 3 4 1 2 3 4 +

NAME AND ADDRESS OF COLLEGE, UNIVERSITY, BUSINESS, TRADE, VOCATIONAL SCHOOL, ETC.	DATES ATTENDED FROM (Mo/Yr) TO (Mo/Yr)	TYPE OF DEGREE	MAJOR COURSE OF STUDY	DATE DEGREE AWARDED
Name & City/State				
Name & City/State				
Name & City/State				

CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE HAD TRAINING OR EXPERIENCE:

- | | | |
|--|--|--|
| <input type="checkbox"/> Auto Mechanics
<input type="checkbox"/> Gas engine
<input type="checkbox"/> Diesel engine
<input type="checkbox"/> Hydraulic systems
<input type="checkbox"/> Backhoe
<input type="checkbox"/> Chainsaw
<input type="checkbox"/> Trencher
<input type="checkbox"/> Flush/Vac truck
<input type="checkbox"/> Dump trucks
<input type="checkbox"/> Edgers
<input type="checkbox"/> Flatbed trucks
<input type="checkbox"/> Forklift
<input type="checkbox"/> Front-end loader
<input type="checkbox"/> Gradall
<input type="checkbox"/> Hand tools
<input type="checkbox"/> Hydraulic excavator
<input type="checkbox"/> Lawn mowers
<input type="checkbox"/> Motor grader | <input type="checkbox"/> Overhead Crane/Boom
<input type="checkbox"/> Power tools
<input type="checkbox"/> Steam/Pressure washer
<input type="checkbox"/> Stick shift vehicles
<input type="checkbox"/> Tractor
<input type="checkbox"/> Trencher
<input type="checkbox"/> Wood chipper

<input type="checkbox"/> Blue print machine
<input type="checkbox"/> Carpenter's ruler
<input type="checkbox"/> Engineer's scale
<input type="checkbox"/> Grade stakes
<input type="checkbox"/> Graphic Arts
<input type="checkbox"/> Survey instruments

<input type="checkbox"/> CADD/CAD system
<input type="checkbox"/> Calculators
<input type="checkbox"/> Cash register | <input type="checkbox"/> Computer data entry
<input type="checkbox"/> Computer Programming
<input type="checkbox"/> Copy machines
<input type="checkbox"/> Filing
<input type="checkbox"/> IBM AS/400 & peripheral equipment
<input type="checkbox"/> Micrographic/Microfilming equipment
<input type="checkbox"/> Microfiche reader/printer
<input type="checkbox"/> NCIC/FCIC
<input type="checkbox"/> Personal computers
<input type="checkbox"/> Photography
<input type="checkbox"/> Shorthand/Speedwriting
<input type="checkbox"/> _____ words per minute
<input type="checkbox"/> Telecommunications equipment
<input type="checkbox"/> Two-way radio
<input type="checkbox"/> Typing _____ words per minute |
|--|--|--|

PLEASE SPECIFY TYPES OF COMPUTER HARDWARE, SOFTWARE, PROGRAMMING LANGUAGES, ETC. WITH WHICH YOU HAVE EXPERIENCE:

ADDITIONAL SKILLS, LICENSES, CERTIFICATIONS, ETC. (For example, CPA, Radio Operator, etc.) _____

PLEASE LIST THE PROFESSIONAL AND/OR TECHNICAL JOB-RELATED SOCIETIES OF WHICH YOU ARE A MEMBER: _____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: _____

WORK EXPERIENCE – (Complete this section even if you attach a resume).

ARE YOU PRESENTLY EMPLOYED? ___ YES ___ NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

PLEASE LIST YOUR REGULAR OCCUPATION OR TRADE _____

PLEASE LIST OTHER NAMES YOU HAVE WORKED UNDER _____

IMPORTANT: LIST **ALL** OF YOUR EMPLOYERS FOR THE LAST 15 YEARS, BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB HELD. LIST ALL JOBS, INCLUDING MILITARY SERVICE. EXPLAIN ANY PERIODS OF UNEMPLOYMENT.

NAME OF LAST OR PRESENT EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING/CURRENT POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING/CURRENT SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING (IF STILL EMPLOYED, GIVE REASON FOR WANTING TO LEAVE):		
DESCRIPTION OF JOB DUTIES:		
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT DUE TO UNEMPLOYMENT, SCHOOLING OR OTHER REASONS: _____

WORK EXPERIENCE – Continued

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>

NAME OF PREVIOUS EMPLOYER	STARTING DATE	ENDING DATE
STREET ADDRESS	STARTING POSITION	ENDING POSITION
CITY, STATE, ZIP	STARTING SALARY	ENDING SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR:		EMPLOYER'S PHONE NUMBER:
REASON FOR LEAVING:		
DESCRIPTION OF JOB DUTIES:		
		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT DUE TO UNEMPLOYMENT, SCHOOLING OR OTHER REASONS: _____

Signature _____

Date _____

DID YOU LIST ALL THE EMPLOYERS YOU HAVE HAD IN THE LAST FIFTEEN (15) YEARS? YES ___ NO ___ IF NOT, PLEASE USE ADDITIONAL WORK EXPERIENCE FORM(S) AS NEEDED.

Have you ever been discharged or forced to resign? YES ___ NO ___ If "Yes" please give date, employer's name and address, and the reason: _____

Have you **ever** been convicted, pled nolo contendere, been placed on probation, fined, entered a pretrial intervention program, or had adjudication withheld for a crime other than for minor traffic violations? YES ___ NO ___ If "Yes" please give dates and details (i.e., when the offense occurred, the type of offense (s), the location and the outcome or disposition [attach additional paper, if necessary]): _____

(Note: Answering yes to the above will not necessarily automatically disqualify you for employment. Rather, such factors as age at the time of conviction, date of conviction, number of convictions, seriousness and nature of the offense, relationship between the crime and the type of position you apply for, and evidence of rehabilitation may be considered in reaching an employment decision. Falsification of your answers may result in dismissal if you are employed.)

PERSONAL/PROFESSIONAL REFERENCES: List three (3) references (do not include relatives or employers).

NAME	ADDRESS	PHONE # (include area code)	YEARS KNOWN

THE FOLLOWING AGREEMENT MUST BE SIGNED – PLEASE READ CAREFULLY

- I certify that the information given in this Application for Employment is true and complete to the best of my knowledge and there are no misrepresentations, omissions or falsifications. I understand and agree that omission of information or false or misleading information provided on this Application or during an interview will be cause for rejection of this Application and/or separation from City service if I have been employed.
- I authorize the City of Pinellas Park to verify all information contained herein, and I release all employers, schools and persons from any and all liability for the release of information to the City of Pinellas Park.
- I understand that this application along with information gathered by the City of Pinellas Park to verify this application constitutes a public record under Florida statute and is subject to release accordingly.
- I understand that, if hired, I will abide by all rules and regulations of the City of Pinellas Park.
- I understand that nothing contained in this Application or in the granting of an interview is intended to create an employment offer or agreement. I further understand that, if employed, my employment is for no definite period and may be terminated at anytime without notice.
- I understand that an offer of employment is subject to my passing a physical examination, receiving a negative drug test result, and satisfying any and all pre-employment checks that will be conducted.
- Any money advanced to me is to be returned, and all equipment and supplies issued to me are to be returned should my conditional employment be terminated.

SIGNATURE

DATE

AFFIRMATIVE ACTION DATA RECORD

City of Pinellas Park
5141 78th Avenue
P.O. Box 1100
Pinellas Park, FL 33781-1100
Phone (727) 541-0700

TO ALL APPLICANTS FOR EMPLOYMENT WITH THE CITY OF PINELLAS PARK

Employees and applicants are treated without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. The City of Pinellas Park's commitment to a policy of Equal Employment Opportunity requires that certain information be gathered for statistical reporting purposes. To help us comply with the Federal and State equal employment opportunity record keeping, reporting and other legal requirements, please answer the questions below. The information also helps us to determine how effective our recruitment efforts are in reaching all segments of the population. This information will be separated from the Application for Employment and placed in a separate file. Your cooperation in this survey is voluntary and the information you provide will in no way affect your status as an applicant or employee.

POSITION APPLIED FOR: _____ DATE: _____

HOW DID YOU LEARN ABOUT THIS POSITION?

ST. PETE TIMES _____ CITY'S – JOB LINE _____ WEB SITE _____
TAMPA TRIBUNE _____ CITY EMPLOYEE _____
OTHER NEWSPAPER _____ ANOTHER SOURCE _____

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ATTAINED?

___ 9 –12 years, but not a high school graduate ___ College, less than B.A. or B.S. degree
___ High school graduate (or passed GED test) ___ B.A. or B.S. degree
___ Post high school vocational or business school ___ M.A. or M.S. degree
___ Complete A.A. or A.S. degree ___ Ph.D., J.D., or M.D.

GENDER: ___ Male ___ Female MARITAL STATUS: ___ Single ___ Married

AGE: ___ 16-24 years ___ 30-39 years ___ 50-59 years ___ 65-60 years
 ___ 25-29 years ___ 40-49 years ___ 60-64 years ___ 70+ years

RACE/ETHNIC GROUP: ___ Caucasian/White
 ___ Black
 ___ Hispanic (Mexican American, Cuban, Puerto Rican and other Spanish)
 ___ Asian or Pacific Islander
 ___ American Indian or Alaskan Native
 ___ Other _____

CHECK IF THE FOLLOWING ARE APPLICABLE:

___ Vietnam Era Veteran ___ Disabled Veteran ___ Disabled Person

IN WHAT CITY DO YOU LIVE: _____

THANK YOU FOR YOUR PARTICIPATION