



CITY OF ROCKLEDGE APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY /
VETERAN'S PREFERENCE EMPLOYER

Building Division

1600 Huntington Lane
Rockledge, Florida 32955
321-690-3978

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

			SOCIAL SECURITY NUMBER			
NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER			
MAILING ADDRESS		CITY, STATE, ZIP CODE				
<ul style="list-style-type: none"> • Driver's License: Issuing State _____ License Class _____ Endorsements _____ 						
			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>		YES	NO
	YES	NO				
• Are you a citizen of the United States or a registered alien?			[] []			
• Do you have the ability to read, write, and speak English?			[] []			
• Have you EVER been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit traffic violations for which you paid a fine of \$150.00 or less.			[] []			
• While in the military service were you ever convicted by a general court-martial? If your answer is "Yes", give details below. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken. NOTE: A conviction does not mean you cannot be appointed.			[] []			

• Have you ever been employed by the City of Rockledge? [] Yes [] No			If yes, give dates _____			
• Do you have a relative by blood or marriage currently working for the City of Rockledge?			[] []			
If yes _____						
		Name	Relationship			

EDUCATION

SCHOOLS	NAME/ADDRESS	MAJOR	DID YOU GRADUATE?	DEGREE
High School/GED				
College				
Graduate School				
Vocational School or Other Training				

JOB INTEREST

(If you are interested in applying for two or more positions available at the same time, please complete a separate application for each position.)

Position Applied For _____ Date you can begin _____

Salary Desired _____

Will you accept: Temporary Work Yes [] No []
Part-time Work Yes [] No []

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes [] No []

Please check the following that apply:

[] I claim veteran's preference (you must supply a copy of your DD214 and complete the following information)

I am claiming veteran's preference (check one of the following):

[] As a veteran with a compensable service-connected disability

[] As the unmarried spouse of a veteran who was killed in action or who died of a service-connected disability

[] As the spouse of a veteran who cannot qualify for employment because of total, permanent service-connected disability, or who is missing in action, captured or forcibly detained by a foreign power

[] As a veteran of any war (as defined in the rules of the Division of Veteran's Affairs)

HAVE YOU ENTERED EMPLOYMENT WITH A GOVERNMENT AGENCY IN THE STATE OF FLORIDA SINCE OCTOBER 1, 1987?

YES [] NO [] (If so, you may not be eligible for veteran's preference)

If you believe that you did not receive veterans' preference in accordance with FL Administrative Code, you have the right to an investigation by filing complaint with the Florida Department of Veterans' Affairs, PO Box 31003, St. Petersburg, FL 33731, telephone (813) 898-4443, within 21 days from the date that you received notice that a non-preference applicant was appointed.

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS

List details of all skills, aptitudes and other qualifications which you feel are relevant to employment.

Typing Speed _____ Shorthand Speed _____ Speedwriting _____
 (words per minute) (words per minute) (words per minute)

Computer Experience _____

Office Machines you can operate _____

List any machinery or heavy equipment that you have operated efficiently: _____

List scholarships, fellowships, honors, etc. received _____

Special qualifications and skills (licenses or certificates, memberships in professional organizations or societies, etc.)

REFERENCES (Do not include Former Employers or Relatives)

Name and Occupation	Address	Phone Numbers Da7 & Evening
1.		
2.		
3.		

PRESENT AND PRIOR EMPLOYMENT

List below all present and past employment, beginning with your most recent. **All spaces must be completed.** A resume may be used to supplement, but not substitute, employment information. **DO NOT** specify "SEE RESUME." **Incomplete applications MAY be rejected.**

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
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	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

May we contact your present employer:	Yes []	No []
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Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's complete background. Use the space below to provide any additional information necessary to describe your full qualifications for the position applied for.

Thank you for completing this application form and for your interest in employment with us. Your application for employment will be maintained in the Personnel Department's active file for a total of three (3) months from the date of completion.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

Agreements:

Probation Period – I understand that my position with the City is temporary during the probationary period established. My employment may be ended before the expiration of that period for any reason without recourse.

Physical Examination – I understand that I may be required to take and pass a physical examination before the hiring process is complete. I understand that in addition to the physical examination, a drug and/or alcohol screening test will be given. Any illegal substance, controlled or otherwise, which shows in my test results may cause my immediate disqualification for employment with the City.

Statement of Applicant – I authorize my former employers to furnish their records of my service. This includes all information they may have concerning me. I also release them from any liability for any damage in providing this information.

Certification – I agree that any false or misleading information supplied by me will be cause for canceling the application process. After my hire date, it may cause my dismissal from the City service. I have answered all the questions on this form completely and truthfully. This application must be fully completed.

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize you to make any investigation of my personal history.

Upon termination of employment, I authorize the City of Rockledge to hold my final paycheck until a final accounting is made for any City property in my custody.

Signature _____ Date _____