



CITY OF ROCKLEDGE APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY /
VETERAN'S PREFERENCE EMPLOYER

1600 Huntington Lane
Rockledge, Florida 32955
321-221-7540

**Department
Applying for:
Circle one-**

**City Hall,
Public Safety-
Civilian
Public Works,
Waste Water**

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER			
MAILING ADDRESS		CITY, STATE, ZIP CODE	EMAIL ADDRESS			
• 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				

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May we contact your present employer:	Yes []	No []
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