



APPLICATION FOR EMPLOYMENT

Drug Free Workplace

To be considered for employment, you must complete and sign this application. Incomplete and/or unsigned applications will not be considered. All information on this application is subject to verification. Applications will be valid for a 30 day period. After 30 days, the application will be considered inactive and a job applicant must reapply for any advertised or non-advertised job position.

If you have a disability and need an accommodation to complete this application, please notify the City of your requested accommodation.

PERSONAL INFORMATION

NAME: (Last, First, Middle)	EMAIL ADDRESS:
ADDRESS: (Street, City, State, Zip Code)	ALTERNATE PHONE:
HOME PHONE:	
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREFERENCES

POSITION APPLYING FOR:	PREFERRED SALARY/HOURLY RATE:
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship	
TYPES OF WORK YOU WILL ACCEPT: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
SHIFTS YOU WILL ACCEPT: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
WHEN ARE YOU ABLE TO BEGIN EMPLOYMENT? _____	

EDUCATION

DATES: From: _____ To: _____	SCHOOL NAME:	
MAJOR:	LOCATION: (City, State)	
HIGHEST GRADE COMPLETED:	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:

DATES: From: To:	SCHOOL NAME:	
MAJOR:	LOCATION: (City, State)	
HIGHEST GRADE COMPLETED:	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:

DATES: From: To:	SCHOOL NAME:	
MAJOR:	LOCATION: (City, State)	
HIGHEST GRADE COMPLETED:	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:

WORK EXPERIENCE
FOR ALL EMPLOYMENT DATES INDICATE MONTH AND YEAR.

DATES: From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	SALARY:	REASON FOR LEAVING:
DUTIES:		

DATES: From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	SALARY:	REASON FOR LEAVING:
DUTIES:		

DATES: From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	SALARY:	REASON FOR LEAVING:

DUTIES:

DATES: From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	SALARY:	REASON FOR LEAVING:
DUTIES:		

CERTIFICATES AND LICENSES

TYPE:	ISSUING AGENCY:
TYPE:	ISSUING AGENCY:
TYPE:	ISSUING AGENCY:

OFFICE SKILLS:					
Typing:					
Data Entry:					
OTHER SKILLS:					
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
Skill:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Skilled	<input type="checkbox"/> Expert	Years:	Months:
LANGUAGE(S):					
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write		
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write		
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write		

ADDITIONAL INFORMATION

(Military Service, Professional Memberships, Volunteer Experience, etc.)

REFERENCES

REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER:

REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER:

REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER:

APPLICATION SUPPLEMENTAL QUESTIONS

1. Are you legally authorized to work in the United States?
 (Proof of identity and employment eligibility will be required upon employment.)
 Yes No

2. Are you at least 18 years of age?
 Yes No

3. Are you currently employed?
 Yes No
 If you answered "Yes", why do you wish to leave your current employment?

4. Do you have any commitments to another employer or business that might affect your employment with us?
 Yes No
 If you answered "Yes", please explain:

5. Have you ever been convicted of, pled guilty or "no contest" (nolo contendere) to a crime, had adjudication withheld or prosecution deferred? NOTE: Reckless driving and DUI are considered criminal traffic violations.

- Yes No

If you answered "Yes", please complete the attached page 7. NOTE: An affirmative answer will not automatically disqualify you from being considered as a candidate for employment, but the information will be considered in relation to the position that you are seeking. **All requested information must be completed on page 7.**

ARRESTS ARE NOT TO BE DISCLOSED. JUVENILE INFORMATION THAT IS CURRENTLY UNDER SEAL IS NOT TO BE DISCLOSED. OTHER SEALED OR EXPUNGED RECORDS ARE NOT TO BE DISCLOSED SO YOU MAY CHECK NO IF ALL OF THESE APPLY.

6. Have you ever been a defendant in a civil suit for an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death, etc.)?

- Yes No

If you answered "Yes", please provide details, including type of tort, date(s), county and state and disposition(s): _____

7. If you are seeking a job that requires driving, have you ever had your driver's license suspended/revoked?

- Yes No

If you answered "Yes", please describe, including date(s):

NOTE: If you are applying for a position that involves driving, and if an offer of employment is made, a copy of the driver's license must be provided and a consent to check Applicant's driving records must be provided).

8. Have you ever worked in any position for the City of Bonita Springs?

- Yes No

If you answered "Yes", please list position, department, start date, and end date:

9. Do you have any relatives currently working for City of Bonita Springs?

- Yes No

If you answered "Yes", please list name(s) and department(s):

10. Have you ever been known or employed under any other names?

- Yes No

If you answered "Yes", please list previous name(s):

11. Can you perform the essential functions of the job you are applying for (with or without a reasonable accommodation)? Yes No

If you need an accommodation please explain what you need. If you have questions about what essential functions are applicable to the position, please ask the interviewer before you answer this question.

12. How did you learn about this position?

- City Website
- GOVT TV Channel
- Walk-in
- Job Line
- Current Employee
- Newspaper
- Governmentjobs.com
- Word of Mouth
- Other _____

MILITARY EXPERIENCE AND VETERAN'S EXPERIENCE

Have you ever served in any branch of the Armed Forces? Yes _____ No _____

If yes, which branch? _____

Date(s) From: _____ To: _____ Total Time: _____

Did you ever receive a dishonorable discharge? Yes _____ No _____

If yes, please explain: _____

If you are an honorably discharged veteran, you may be eligible for Veteran's Preference in consideration of your application for employment. Substantiating documentation must be furnished at the time of application.

Do you request a Veteran's Preference? Yes _____ No _____

If yes, please designate the basis for your preference below:

- _____ 1. As a Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.
- _____ 2. As the spouse of a Veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a Veteran missing in action, captured or forcibly detained by a foreign power.
- _____ 3. As a Veteran who served at least 1 day in active duty during a wartime period or has been awarded a campaign or expeditionary medal or badge, including any armed forces expeditionary medal or the global war on terrorism medal. Active duty for training is not allowable.
- _____ 4. As a Veteran who served in active duty at a time other than a time of war. Active duty for training is not allowable for preference eligibility.
- _____ 5. As the unremarried spouse of a Veteran who was killed in action, or died of a service-connected disability.
- _____ 6. As the mother, father or legal guardian of a member of the United States Armed Forces who was killed in action.
- _____ 7. As a current member of any reserve component of the United States Armed Forces or of the Florida National Guard.

Brand of Service _____ Date of Entry _____ Date of Discharge _____

Have you been employed through Veteran's Preference since October 1, 1987? Yes _____ No _____

If Yes, name of employer: _____

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with FLORIDA DEPARTMENT OF VETERANS' AFFAIRS, DIVISION OF BENEFITS AND ASSISTANCE, 9500 BAY PINES BLVD., ROOM 214, ST. PETERSBURG, FLORIDA 33708, within 60 calendar days from the date of notice of hiring decision.

CONFIDENTIAL CRIMINAL CONVICTION DISCLOSURE
[ONCE COMPLETED, THIS PAGE TO BE REMOVED BY THE CITY AND
PLACED IN A SEPARATE CONFIDENTIAL FILE]

Applicant's Name: _____

Position applying for: _____

PLEASE READ THIS STATEMENT CAREFULLY: A PAST CRIMINAL CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT. THE FOLLOWING INFORMATION WILL BE CONSIDERED IN RELATION TO THE POSITION THAT YOU ARE SEEKING: THE NATURE OF THE CRIME(S) FOR WHICH YOU WERE CONVICTED AND THEIR RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING, THE, NUMBER OF OFFENSES, THE TIME ELAPSE SINCE THE OCCURRENCE OF THE OFFENSE(S), YOUR AGE AT THE TIME OF THE OFFENSE(S), THE SERIOUSNESS OF THE OFFENSE, ANY INFORMATION YOU PROVIDE REGARDING YOUR REHABILITATION AND/OR GOOD CONDUCT, AND ANY PUBLIC POLICY CONSIDERATIONS OF THE STATE OF FLORIDA TO ENCOURAGE EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF A CRIMINAL OFFENSE, AS WELL AS THE CITY'S NEED TO COMPLY WITH ANY FEDERAL AND/OR STATE LAW REQUIREMENTS FOR THE POSITION. ALL REQUESTED INFORMATION MUST BE COMPLETED.

ARRESTS ARE NOT TO BE DISCLOSED. JUVENILE INFORMATION THAT IS CURRENTLY UNDER SEAL IS NOT TO BE DISCLOSED. OTHER SEALED OR EXPUNGED RECORDS ARE NOT TO BE DISCLOSED. IF THIS, OR OTHER, INFORMATION IS REQUIRED BY FLORIDA LAW TO BE DISCLOSED FOR THE POSITION BEING SOUGHT, THE APPLICANT WILL BE SEPARATELY NOTIFIED.

Please identify all criminal convictions below (excluding information as explained above). For each conviction provide the date of the offense, details Explain: number of conviction(s):

Provide any other information you want the Company to consider, such as your rehabilitation and/or good conduct, etc. **[attach separate page if necessary]**

I certify that the information given herein is true and correct.

Signature of Applicant _____

Date: _____

Printed Name: _____

Please Read Each Statement Carefully Before Signing
APPLICANT'S CERTIFICATION AND AGREEMENT

I UNDERSTAND AND AGREE that, except as specifically prohibited by state law or City ordinance or regulation, all City policies and procedures do not create any property rights in employment; and that employment may be terminated by either the employee or the City with or without cause.

I AGREE that if driving is a condition of my employment (current job seeking or any future position obtained), I will immediately notify the City if my driver's license is suspended or revoked.

I CERTIFY that all information given out in this employment application, in related documents and in all interviews is true, correct, and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application or accompanying resume, letter of reference or other document will disqualify me from further consideration for employment. I further understand that, if employed, any discovery by the City of any misrepresentations or omissions of facts in any application or accompanying resume, letter of reference, other document, or verbally will be cause for my dismissal at any time without prior notice. I hereby authorize investigation of all statements contained in this application.

I hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others with relevant information (excluding any medical information except post-offer as permitted by law, or any information protected by law such as genetics, protected classifications, etc.) that may be useful to the City in making a hiring decision. I further authorize educational institutions to furnish any records of my education, coursework, and/or degrees granted while attending that institution. I hereby release the City and such persons and organizations from any liability as a result of such contact or otherwise in connection with the City's handling, processing, investigation, etc., of my application for employment with the City. If employed, I also grant permission for the City to release information concerning my employment to prospective employers and to third parties including as required under Florida's public records law, and I release the City from any legal liability in releasing any information. If the City uses third parties to obtain this information about me then I understand that separate Fair Credit Reporting Act (FCRA) Disclosures and Consents for consumer reports and investigative consumer reports) will be required to be completed at the appropriate time during the application process.

I UNDERSTAND that if hired, I will be placed on a 6-month probationary period.

I AGREE that if City of Bonita Springs employs me, a future potential employer may contact the City or its representatives concerning my work record and my work performance at the City and that the City must release my personnel records upon request pursuant to Florida's public record law (unless an exemption applies).

I also understand that (1) the City has a drug and alcohol policy that allows for certain pre-employment testing under Florida law, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of any required testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations that is required for all entering employees in the same job category, as permitted by law. I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood, hair, and/or urine sample, as applicable, to be collected from me and submitted for testing upon the request of the City. I also consent to the release of the test result to the City for its use.

I AGREE that if I am given a conditional offer of employment, I may be required to undergo a physical examination to be administered by an authorized City approved physician and I consent to the release to the City of any and all medical information, as may be requested or required by the City in judging my capability to do the work for which I am applying. I understand that if required, all entering employees in the same job category will be subject to the same physical examination and all information will be kept confidential and in a separate file. I UNDERSTAND that failure to meet any job-related medical and/or health requirements for the positions may prevent employment by the City. I understand that all medical examinations will be requested and required as permitted by applicable laws such as the Americans with Disabilities Act.

I UNDERSTAND that all employees who do not have a written employment contract with a limited and specified duration are employed at the will of the City and that all offers of employment are contingent upon successful completion of all background investigations, which may include, but are not limited to, employer and non-employer references, criminal checks, and, where applicable for the position pre-employment skill testing.

I UNDERSTAND that City of Bonita Springs will not tolerate discrimination, sexual and any other form of unlawful harassment. I understand that I have the affirmative obligation to report incidents and participate in any investigation as requested. I also understand that discrimination, unlawful harassment is grounds for disciplinary action up to and including immediate dismissal.

I AGREE that if hired by City of Bonita Springs, upon termination of employment, I shall return all City property.

I UNDERSTAND the City uses e-verify to confirm my employment eligibility.

IF I AM CONDITIONALLY OFFERED A POSITION THEN I UNDERSTAND THAT SEPARATE FEDERAL FAIR CREDIT REPORTING ACT NOTICES, CONSENTS AND ACKNOWLEDGMENTS WILL BE PROVIDED TO ME AND REQUIRED TO BE SIGNED BY ME AS THE APPLICANT SO THE COMPANY CAN OBTAIN CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS ON ME WHICH WILL BE PROVIDED BY A THIRD PARTY AND THAT MY OFFER IS CONDITIONED ON A SUCCESSFUL BACKGROUND CHECK.

EEO STATEMENT

IT IS THE POLICY OF THE CITY OF BONITA SPRINGS NOT TO DISCRIMINATE ON THE BASIS OF RACE, SEX, GENDER, COLOR, NATIONAL ORIGIN, RELIGION, AGE, VETERAN STATUS, MARITAL STATUS OR DISABILITY AND FURTHER TO MAKE REASONABLE ACCOMMODATIONS AS REQUIRED BY LAW.

FLORIDA DRUG FREE WORKPLACE

THE CITY OF BONITA SPRINGS IS A DRUG FREE WORKPLACE. APPLICANTS FOR SAFETY SENSITIVE POSITIONS MAY BE TESTED FOR DRUGS IN ACCORDANCE WITH THE FLORIDA DRUG FREE WORKPLACE PROGRAM. IT IS A CONDITION OF EMPLOYMENT WITH THE COMPANY THAT ALL EMPLOYEES REFRAIN FROM USING DRUGS AND ALCOHOL ON THE JOB. REFUSING TO SUBMIT TO A TEST FOR DRUGS OR ALCOHOL CAN RESULT IN THE FORFEITURE OF ELIGIBILITY FOR MEDICAL AND INDEMNITY BENEFITS AND WILL RESULT IN TERMINATION.

I HAVE READ CAREFULLY, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS AND CONDITIONS OF ANY EMPLOYMENT THAT MAY BE OFFERED TO ME BY THE CITY.

I acknowledge that I have reviewed and read the above information prior to signing this Application.

Applicant Name (PLEASE PRINT CLEARLY): _____

Signature: _____ Date: _____