



APPLICATION FOR EMPLOYMENT

CITY OF TEMPLE TERRACE

11250 North 56th Street
Temple Terrace, FL 33617
Phone (813) 506-6430
www.templeterrace.com

FOR OFFICIAL USE ONLY

Date Received _____

File Name _____ -

_____ -

_____ -

Position <i>(Separate applications are required for each position.)</i>	Position # <i>(Required)</i>	Date
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PERSONAL INFORMATION

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Telephone Number(s) H: (____) - ____ - ____ C: (____) - ____ - ____	Email Address
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Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, please explain.	If hired, indicate date you will be available to start work.
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Do you want to work full-time or part-time?	Referred by <i>(Self, Newspaper, Internet, City Employee – Indicate Name)</i>
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Have you ever been convicted? YES NO If Yes, please explain.

NOTE: An arrest or conviction will be reviewed in relation to the circumstances and will not necessarily prevent you from employment.

Have you ever been demoted, discharged, or forced to resign? YES NO
If Yes, please explain.

Are you related to anyone employed by the City of Temple Terrace? YES NO
If Yes, provide name and relationship.

Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO			
State	Type	Number	Expiration Date

List and provide details of traffic citations received in the past two (2) years.

EDUCATION AND TRAINING

Name of High School Attended (Include City, State)	Highest grade completed _____
	High School Diploma or G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name of College or University Attended (Include City, State)	Course (s) _____ _____
Number of Years Completed _____ Degree(s) _____ _____	Other Schools Attended (Business, Technical, Correspondence, etc.) _____ _____

Do you have a valid trade license or certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, type and expiration date. _____ _____	Are you a Veteran of the armed forces? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, indicate dates of service. _____ _____ (Form DD-214 is required for Veteran's preference.)
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EMPLOYMENT HISTORY

List all employment starting with your current or most recent job. Account for all periods including unemployment, U.S. military service, and volunteer work.

Do you have any objection to the City of Temple Terrace contacting your current employer? YES NO

Employer	Dates of Employment		Work Performed
	From	To	
Address			
City State Zip Code	Salary (Hourly, Annual, etc.)		
Telephone Number	Starting	Final	
Job Title	Reason for Leaving		

Employer	Dates of Employment		Work Performed
	From	To	
Address			
City State Zip Code	Salary (Hourly, Annual, etc.)		
Telephone Number	Starting	Final	
Job Title	Reason for Leaving		

EMPLOYMENT HISTORY (CONTINUED)

Employer	Dates of Employment From To		Work Performed
Address			
City State Zip Code	Salary (Hourly, Annual, etc.)		
Telephone Number	Starting	Final	
Job Title	Reason for Leaving		

Employer	Dates of Employment From To		Work Performed
Address			
City State Zip Code	Salary (Hourly, Annual, etc.)		
Telephone Number	Starting	Final	
Job Title	Reason for Leaving		

Employer	Dates of Employment From To		Work Performed
Address			
City State Zip Code	Salary (Hourly, Annual, etc.)		
Telephone Number	Starting	Final	
Job Title	Reason for Leaving		

ATTACH ADDITIONAL SHEETS IF NECESSARY

LIST SKILLS, LICENSES, CERTIFICATIONS, SCHOLARSHIPS, AWARDS, HONORS, & MEMBERSHIPS

Indicate any professional or occupational licenses, registrations or certifications you currently hold. If a license or certification is required for a position, please submit a copy of it with your application. Also, list any special knowledge, skills, or abilities you possess.

NON-DISCRIMINATION POLICY

It is the City's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations or because of race, color, sex, age, or national origin.

Individuals with disabilities will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain disabled persons. No qualified individual with a disability shall, on the basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. Any complaints should be submitted in writing to the Human Resources Director.

PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION.

If this application is incomplete or is not signed in ink, it may be rejected without further notice.

A pre-employment drug screen, criminal history background investigation,
and driver's license verification may be conducted.

THE CITY OF TEMPLE TERRACE IS A DRUG-FREE WORKPLACE.

CERTIFICATION, AUTHORIZATION, AND SIGNATURE

I, certify the answers given here are true and complete and I authorize investigation of all statements contained here. If I am employed, I will abide by all City rules and regulations and understand that FALSE OR MISLEADING information given in this application or during my interview(s) will result in immediate discharge.

I have read and understand the conditions of employment stated above.

SIGNATURE

DATE