

**CITY OF SEMINOLE
APPLICATION FOR EMPLOYMENT**

The City of Seminole is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status, or disability.

In order 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. Assistance in completing this application is available on request.

Position(s) applied for:	Date of Application
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I. PERSONAL DATA

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)

Have you ever gone by any other name or used a nickname of any type? If yes, please list all such names _____

Have you been interviewed for a position with the City of Seminole within the last two years? YES NO

If so, when and for what position _____

Are you legally eligible to work in the United States? YES NO
(Eligibility subject to verification upon employment.)

Are you related to anyone in the employ of the City of Seminole? YES NO
If yes, please list the following:

Individual to whom you are related _____
Position held by such individual _____
Nature of the relationship _____

Have you ever been convicted of any crime, pled nolo contendere (no contest), or been fined or placed on probation for a crime, regardless of adjudication? YES NO

If yes, explain. _____

(Answering "yes" may not necessarily disqualify you from consideration for employment. A number of factors, such as the nature of the offense, your age at the time, the remoteness in time of the event, etc., will be considered.)

II. EMPLOYMENT DESIRED

How did you learn of position? _____

Date available to start work _____

Type of employment sought: Full-time ___ Part-time ___ Temporary ___

If temporary, list dates available to work: From _____ to _____

Can you perform the essential functions of the position for which you have applied, with or without reasonable accommodation? (Job descriptions are available on request. Please review prior to answering this question).

YES NO

(All offers of employment are conditioned on verification of the applicant's ability to perform the essential functions of the position offered, with or without reasonable accommodation.)

III. EDUCATIONAL RECORD

Last High School: _____ Name _____ Address _____ Last grade completed _____ Did you graduate? _____ GED _____ Date of leaving _____
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Junior College/Technical School: _____ Name _____ Address _____ Last year completed _____ Did you graduate? _____ What degree? _____ Date of Leaving _____ Field of Study (if applicable) _____
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College or University _____ Name _____ Address _____ Last year completed _____ Did you graduate? _____ What degree? _____ Date of leaving _____ Field of study (if applicable) _____

College or University _____ Name _____ Address _____ Last year completed _____ Did you graduate? _____ What degree? _____ Date of leaving _____ Field of study (if applicable) _____

Additional education information you want considered: _____

IV. EXPERIENCE

Are you now employed? Yes No

May we contact your present employer? Yes No

Have you ever been discharged or asked to resign your employment?

Yes No

If yes, please explain: _____

Please list chronologically all employers from time of entering work force to present.

Present Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)		
Job Title	Supervisor - Name/Title	
Work Performed		
Reason for Leaving		
Next Previous Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)		
Job Title	Supervisor - Name/Title	
Work Performed		
Reason for Leaving		
Next Previous Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)		
Job Title	Supervisor - Name/Title	
Work Performed		
Reason for Leaving		

Next Previous Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)		
Job Title	Supervisor - Name/Title	
Work Performed		
Reason for Leaving		
Next Previous Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	
	From	To
Telephone Number(s)		
Job Title	Supervisor - Name/Title	
Work Performed		
Reason for Leaving		

Attach additional sheets if necessary

Other Job Related Experience or Training: _____

V. REFERENCES

List three references, not relatives or former employers, who are available for contact, giving name, address and telephone number:

		()
(Name)		Phone Number
(Address)		
		()
(Name)		Phone Number
(Address)		
		()
(Name)		Phone Number
(Address)		

If you are applying for a position which requires the use of any office or plant equipment or secretarial skills, complete the following:

Office and Plant Machines Used: _____

Typing Speed: _____ Dictation Speed: _____

Computer Skills: _____

All positions require a valid Florida Driver's License.

Do you have a valid Florida Driver's License? YES NO

If you are applying for a position which involves driving of any type, check the types of vehicles you are qualified, through experience or otherwise, to operate:

Passenger Car _____ Light Truck _____ Heavy Truck or Tractor _____

Other _____

Driver's License No. _____ State ____ Expiration Date _____

Have you been involved in ANY vehicle accidents within the past three years?

YES NO

Has your Driver's License EVER been suspended or revoked?

YES NO

VI. VETERAN'S PREFERENCE

If you are an honorably discharged Veteran, you may be eligible for Veteran's Preference in consideration of your application for employment. Substantiating documents as designated under Florida Administrative Code Rule 55A-7.013(6) 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 presently existing 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 total and permanent disability, or the spouse of a Veteran missing in action, captured or forcibly detained by foreign power.

____3. As a Veteran of any war who has served at least one day, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.

____4. As the unremarried spouse of a Veteran who was killed in action, or died of a service-connected disability.

____5. Any Armed Forces Expeditionary Medal received by a qualified applicant provides qualifying service for Veterans' preference.

Branch of Service	Date of Entry	Date of Discharge
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Have you been employed through Veteran's Preference since October 1, 1987?
YES NO

If yes, name the employer: _____

The following website is available for additional information on Veterans' Preference: <http://www.floridavets.org>

Note: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295.08 may file a complaint with THE FLORIDA DEPARTMENT OF VETERANS' AFFAIRS, 11351 Ulmerton Road, Suite 311K, Largo, FL 33778 within 21 calendar days from the date of notice of hiring decision.

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the City or its agents to conduct a thorough investigation into my current or prior employment and any other area of my background, including criminal background (regardless of adjudication) which the City believes relevant to my employment. I do further fully consent to the release and disclosure to the City or its agents from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability the City or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I acknowledge that any false information provided by me to the City or by others at my direction, either on this application or otherwise, shall constitute grounds for immediate discharge, regardless of when the false information is discovered by the City. Similarly, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which is deemed by the City to be unsatisfactory shall constitute grounds for immediate discharge, also regardless of when discovered.

Finally, I understand that the City may require a medical or other examination at the time an employment offer is extended and may condition an offer of employment on the successful completion of that examination. Employees and applicants are also subject to drug and alcohol testing in accordance with City policy. Polygraph examinations may also be required by the City where permissible by law.

Signature of Applicant

Name (Please Print)

Date

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.