

City of Cape Canaveral Employment Application



100 Polk Ave. - P.O. Box 326, Cape Canaveral, FL 32920
Human Resources: 321-868-1234 FAX: 321-868-1248
www.cityofcapecanaveral.org



*The City of Cape Canaveral is an Equal Opportunity Employer
and maintains a Drug-Free Workplace.*

This application must be completed in full, signed and dated. Submit completed application to Human Resources Department.

Position title for which you are applying:	Date:
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APPLICANT INFORMATION			
Last Name:	First Name:	MI:	
Street:			Apt. #:
City:	State:	Zip:	
Phone:	Cell:	Email:	

BACKGROUND INFORMATION			
Do you have a relative employed by the City of Cape Canaveral? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "YES", provide name of relative: _____			
Have you ever been convicted, had adjudication of guilt withheld or pled Nolo Contendere to a felony or first degree misdemeanor crime? If "YES", provide details below: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Location (County, State)	Date (mm/dd/yyyy)	Charges	Disposition
Have you ever been a defendant in a civil action alleging a civil rights violation or intentional tort? If "YES", provide details below: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Location (County, State)	Date (mm/dd/yyyy)	Charges	Disposition

*** A "YES" response to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. (See FS 112.011)**

Are you legally authorized to accept permanent employment in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously worked for the City of Cape Canaveral?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", position held: _____	
Previous dates of employment from: _____ to: _____	

EDUCATION

Have you been awarded a standard high school diploma or GED recognized by the State of Florida? If "YES", provide details below. YES NO

Name of Institution	Location (City, State)	Major or Course of Study	Diploma, Degree, License or Certificate Awarded
High School:			
Undergraduate College / University:			
Postgraduate College / University:			
Vocational / Trade School:			

PROFESSIONAL / TRADE LICENSES or DESIGNATIONS

Have you ever had a trade or professional license suspended, revoked or been subject to any disciplinary action, including probation or reprimand? YES NO

If "YES", provide details: _____

List of Active or Inactive Licenses / Designations:

Name	Issuing Authority	Date Issued (mm/dd/yyyy)	Current Status
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive

***Verification of education, training, licensure and/or designations will be required upon employment with the City.**

SPECIAL SKILLS, KNOWLEDGE OR QUALIFICATIONS

Computer / IT:

Office Machines:

Hand Tools:

Heavy Equipment:

Building Trades Skills:

Other:

EMPLOYMENT HISTORY

(Please begin with current or most recent employment.)

Employed from:	Employer Name:	Name of Supervisor:	Starting Rate of Pay: \$
Employed to:	Employer Address:	Supervisor's Telephone No.:	Final/Current Rate of Pay: \$
Job Title:	Hours Per Week:	Reason for Leaving:	
Duties and Responsibilities:			

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*Attach additional pages for employment history as needed.

Have you ever been dismissed, terminated asked to resign in lieu of discipline or termination, or had an employment contract not renewed YES NO

May we contact your present employer for an employment reference/recommendation? YES NO

EMPLOYMENT REFERENCES

(Persons qualified to speak about your skills and/or job performance, excluding relatives.)

Name	Title	Telephone Number

VETERANS' PREFERENCE

Have you ever served in the Armed Services? YES NO

NOTICE TO APPLICANT REGARDING VETERANS' PREFERENCE

Chapter 55S-7, Florida Administrative Code (FAC), implementing the provision of Chapter 295, F.S., giving Veterans' Preference in employment became effective March 30, 1988. Preference eligible applicants who meet the qualifications for the position shall be given preference over any other applicant with equal qualifications.

After October 1, 1987, Veterans' Preference may be used only one (1) time and expires when the applicant is employed in a position for which he or she has claimed preference.

Documentation as stated below must be submitted with the Employment Application by the applicant seeking Veterans' Preference.

- Veterans, Disabled Veterans and spouses of Disabled Veterans shall furnish Form DD-214.
- Disabled Veterans shall also furnish VA, DOD or the Division of Veterans' Affairs documentation certifying a service-connected disability.
- Spouses of Disabled Veterans shall also furnish certification from DOD or VA or an identification card issued by the DOD that certifies the Veteran is totally and permanently disabled.
- Spouses of Persons on Active Duty shall furnish documentation from the DOD or VA certifying that the person on active duty is listed as missing in action, captured in the line of duty or forcibly detained or interned in the line of duty by a foreign government or power. Such spouses shall also furnish evidence of marriage to the active duty service member.
- An unmarried widow or widower of a deceased Veteran shall furnish documentation from the DOD or VA certifying the service-connected death of the Veteran, evidence of marriage and a statement that the surviving spouse has not remarried.

All rules and regulations regarding Veterans' Preference are established solely by the State of Florida.

Complete the remainder of this page if you are seeking Veterans' Preference. If not, proceed to the following pages.

Do you wish to claim Veterans' Preference? YES NO

Branch of Service:	Date of Entry:	Date of Discharge:
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Have you claimed and been employed through Veterans' Preference since October 1, 1987? YES NO

If "YES" name of Employer:

I am claiming Veterans' Preference based on the following and understand that I must include verification documentation with my completed City application.

- 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 or
- 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 or
- A veteran of any war who has served on active duty and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during periods

- of wartime defined by the Florida Legislature. Active duty for training is not allowable or
- The un-remarried widow or widower of a veteran who died of a service connected disability.
- The mother, father, legal guardian or un-remarried widow or widower of a service member who died as a result of military service under combat related conditions.
- A Veteran as defined in Section 1.01 (14), Florida Statutes: The term Veteran means a person who served in the active military, naval or air service and who was discharged under honorable conditions.
- A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

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 a complaint with the Florida Department of Veterans' Affairs, PO Box 31003, St. Petersburg, FL 33731, within three months from the date the application was received by the employer and within 21 calendar days after notice of a hiring decision. If an applicant has not received notice of a hiring decision within two (2) months of receipt of the application by the employer, the applicant must contact the employer to determine if the position was filled by a non-preferred applicant.

I acknowledge that I read and understand my rights as communicated in this notice.

APPLICANT'S SIGNATURE: _____

DATE: _____

DRIVER'S LICENSE INFORMATION

City employees operate City owned/leased vehicles in the course of conducting business on behalf of the City. This requires a Driver's License background screen and the collection of the following information.

Driver's License Type: Class E (Non-Commercial) Class A Class B Class C

State Issued: _____ License #: _____ Expiration Date: _____

Have you ever had a driver's license suspended or revoked? YES NO

List any traffic summons or violation received in the past seven (7) years.

Location	Date(s)	Nature of Violation	Disposition(s)

STATEMENT OF POLICY - (PLEASE READ CAREFULLY)

1. The City maintains a Drug Free Workplace in accordance with Florida Statutes Section 112.0455. Employees are subject to reasonable suspicion, post offer of employment and post work related accident drug screening. This notice is provided in accordance with Section 112.0455(6)(b).
2. Job Applicants who have formally and in writing accepted an offer of employment from the City are regarded as probationary employees of the City.
3. Newly hired employees are required to submit to a fitness for duty physical (in accordance with the Americans with Disabilities Act) which includes a drug screen.
4. Refusal to undergo a fitness for duty physical examination and drug screen OR confirmed unfavorable results will result in the City rescinding the offer of employment.
5. Drug screen results shall be held in confidence; results are known only to City Officials who have a need to know. Results will be known to testing laboratories and/or employee assistance or substance abuse rehabilitation programs engaged by the employee or to any person the employee grants consent to disclose.
6. An employee may confidentially report the use of prescription or nonprescription medication before and after being drug screened.
7. An employee who receives an unfavorable (positive) drug screen result may offer explanation to the medical review officer within five (5) working days after notification of the positive test result. If the employee's explanation or challenge is unsatisfactory to the medical review officer, the employee may contest the drug test result pursuant to rules adopted by the Agency for Health Care Administration.
8. An employee who institutes a civil action or administrative proceeding to challenge a test result must address their challenge to the laboratory that administered the drug screen.
9. Drug tests screen from drugs listed on Schedule 1 through V of Section 202 of the controlled Substances Act (21 U.S. C § 812.)

10. Employees have the right to consult the testing laboratory retained by the City regarding technical information pertaining to prescription and nonprescription medication(s).
11. Newly hired employees are employed on a 6-month probationary basis and may be terminated for any lawful reason without recourse.

CERTIFICATION & AUTHORIZATION

I, the undersigned understand, acknowledge and authorize the City to contact my previous employers for references and release former employers from any liability and for any damages in providing information relating to work history. I further understand, acknowledge and authorize the City to conduct a thorough background investigation for employment purposes, to include a review of any and all criminal history records and driver's license records. I agree that any false or misleading information I supply will be cause for termination of the application process as well as termination of employment upon discovery of any falsification on my application for employment. **I certify to the best of my ability the facts set forth in this application are true and complete. If hired, I agree to accept the City of Cape Canaveral's conditions of employment and abide by all rules, regulations and policies set forth by the City.**

APPLICANT'S SIGNATURE

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