APPLICATION CHECKLIST

Incomplete applications will be automatically disqualified during the eligibility process. It is your responsibility to ensure that all required attachments (e.g. Application Supplement Sheet, High School Diploma, College Degree Certification, Driver's License, Professional Certifications…) are attached to the application. Please make sure to complete the entire application. **Notifications will not be made to provide missing documentation or information after application submittal.** Resumes are not accepted in lieu of an application. If you determine an area of the application does not apply to you, please mark this area "N/A". (Special Note to City Part – Time Employees: please detail your work history with the City and include all attachments.)

□ Application Supplement Sheet (Required for each position)

□ High School Diploma or General Equivalency Diploma (GED)
(Please note: High School Diplomas or GED's from **Cornerstone High School, The American Academy (not to be confused with American Academy of Pinecrest), Continental Academy, Sunrise Private High School and St. James Academy** are not accepted by the City of Lauderhill. These schools are not accredited schools and all diplomas and/or GED certificates are subject to accreditation certification. The City reserves the right to reject any High School Diploma and/or GED that is not obtained from an accredited school. If you cannot locate your diploma, a letter from the school or a transcript is acceptable. If you have completed a technical course, the City still requires a copy of your High School Diploma and/or GED equivalency.)

□ Valid Florida Driver's License.
(An identification card is not considered a substitute for a driver's license.)

□ Certification_____

□ Certification_____

□ Certification_____

If required, provide a copy of your College/University Diploma. If the diploma does not state your major, please attach a copy of your college transcript. If you cannot find your diploma, a sealed copy of your college transcript is acceptable.

□ Other Degree_____

□ Other Degree_____

□ Other Degree_____

We appreciate your adherence to these guidelines and look forward to processing your application.

(Revised 1/27/14)

APPLICATION OF EMPLOYMENT

CITY OF LAUDERHILL
5581 W. Oakland Park Blvd., Ste., 338
Lauderhill, FL 33313
(954)730-3090
Job Line (954) 730-4244

DEPARTMENT USE ONLY:

APPLICATION NUMBER _____

DATE RECEIVED _____

VETERAN'S PREFERENCE | LAUDERHILL PREFERENCE

AN EQUAL OPPORTUNITY/AMERICANS WITH DISABILITIES ACT EMPLOYER AND DRUG FREE WORKPLACE

IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION FOR EMPLOYMENT. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. RESUMES WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR THE EMPLOYMENT APPLICATION.

POSITION(S) APPLIED FOR: _____

NAME (LAST) **FIRST** **M.I** **EMAIL ADDRESS**

PRESENT ADDRESS (NO./STREET) **CITY** **STATE/ZIP**

TELEPHONE NUMBER (CELL/HOME) **BUSINESS** **HOW LONG AT ABOVE ADDRESS?**

Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? _____Yes _____No

Have you been a City of Lauderhill resident for at least six (6) months? _____Yes _____ No. (Proof required upon request.) Minimum Salary Requirement _____

Have you ever been employed by the City of Lauderhill? _____Yes _____No If so, when?_____ Department?_____

Are you related to anyone working with the City of Lauderhill? _____Yes _____No If yes, please provide the following information.

NAME RELATIONSHIP DEPARTMENT

I am willing to work:_____Full-time_____Part-time_____Temporary_____Seasonal_____Schedule other than Mon-Fri?_____Shift Work_____Overtime_____Emergency Call-Back

Have you ever pled nolo contendere (no contest), pled guilty and/or been found guilty of a felony or misdemeanor in military or civilian court? _____Yes _____No. If yes, briefly describe the circumstances of your conviction, indicating the date, nature and disposition of the case. NOTE: An affirmative answer will not preclude employment.

VETERAN'S INFORMATION

Are you presently or have you been a member of the U.S. Military? _____Yes _____No If yes, BRANCH OF SERVICE_____

Date Entered:_____ Date Separated:_____ Rank:_____ Specialty:_____

Type of Discharge:_____ % of Disability if any:_____

Are you claiming Veteran's Preference pursuant to Section 297.07, Florida Statutes? _____Yes _____No If yes, please designate the basis for your preference on the enclosed form and attach copies of supporting documentation (DD214). The enclosed form and supporting documentation must be submitted with the employment application.

CITY MISSION: To make the City of Lauderhill a secure, clean, and desirable place to live, work and visit by providing for a continually improving wide range of city services; to encourage a community that retains and promotes employment opportunities, economic growth and improved quality of life, where people of diverse cultural backgrounds and incomes, peacefully interrelate.

(Revised 8/11/15)

DRIVING RECORD

DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE? _____Yes _____No

Type of License: Commercial _____A _____B _____C _____Not Applicable Non-Commercial _____D(Chauffeur) _____E(Operator) DATE ISSUED:_____

State in which issued?_____ Has your license ever been suspended? _____Yes _____No If so, when?_____

Reason:_____

_____

Has your license ever been revoked? _____Yes _____No If yes, give dates and reason:_____

_____

List all traffic citations received within the last seven (7) years (EVEN IF ADJUDICATED). For each offense, give date, description of offense, city and/or state in which offense occurred and disposition of case.

_____

_____

_____

Have you ever completed a Defensive Driving Course? _____Yes _____No If yes, when?_____

EDUCATION AND TRAINING

Do you have a High School Diploma? _____Yes _____No Do you have a G.E.D.? _____Yes _____No _____N/A

School	Name & Address	Did you graduate? (If no, list highest grade completed)	Degree/Certificate	GPA
High School/GED/Issuing Agency:		_____Yes _____No		
Jr. College, Technical, Vocational:		_____Yes _____No		
College or University:		_____Yes _____No		
Graduate School:		_____Yes _____No		

Academic Achievements & Activities: Please list academic honors, scholarships or memberships; and any campus, professional and/or community organizations you consider significant.

_____

_____

_____

If applicable to position, list typing speed: _____ Shorthand Speed: _____ Last Date (approx.) Tested: _____

EMPLOYMENT HISTORY - **(Please complete employment history in detail requested, even if resume is attached.)**

PLEASE ACCOUNT FOR THE LAST TEN (10) YEARS OF EMPLOYMENT. (Attach additional sheets if necessary.)

MOST RECENT OR CURRENT JOB – May we contact your present employer regarding your record of employment? _____Yes _____No

Your Title | Name & Address of Company | Telephone # | Date Started | Date Left | #Yrs. / #Mos.

Name & Title of Supervisor | Hrs. Per Wk. | Start Salary | End Salary

Describe your job duties in detail:

Reason for Leaving:

PREVIOUS JOB

Your Title | Name & Address of Company | Telephone # | Date Started | Date Left | #Yrs. / #Mos.

Name & Title of Supervisor | Hrs. Per Wk. | Start Salary | End Salary

Describe your job duties in detail:

Reason for Leaving:

PREVIOUS JOB

Your Title | Name & Address of Company | Telephone # | Date Started | Date Left | #Yrs. / #Mos.

Name & Title of Supervisor | Hrs. Per Wk. | Start Salary | End Salary

Describe your job duties in detail:

Reason for Leaving:

Have you ever been fired or forced to resign? _____Yes _____No If so, explain:_____

_____

REFERENCES: PLEASE DO NOT LIST FAMILY MEMBERS OR SIGNIFICANT OTHERS (PROVIDE ALL REFERENCES).

PERSONAL REFERENCE - _____
Name Email Address Relationship Phone Number

PERSONAL REFERENCE - _____
Name Email Address Relationship Phone Number

PERSONAL REFERENCE - _____
Name Email Address Relationship Phone Number

PROFESSIONAL REFERENCE - _____
Name Email Address Phone Number

PROFESSIONAL REFERENCE - _____
Name Email Address Phone Number

PROFESSIONAL REFERENCE - _____
Name Email Address Phone Number

ADDITIONAL INFORMATION: (if needed)

_____

_____

_____

GENERAL INFORMATION

The health of an applicant may be relevant to the applicant's ability to perform the essential functions and responsibilities of a particular job or position. To that extent, the City may require a post-offer medical examination of an applicant. Any offer of employment is conditioned upon the results of said medical examination.

The City reserves the right to conduct any tests required to determine whether an applicant is currently engaged in the use of illegal drugs or alcohol. No employee of the City is permitted to use illegal drugs or to be under the influence of illegal drugs or alcohol during work hours. Any offer of employment or continued employment is conditioned upon the results of any such drug or alcohol test.

I hereby certify the information contained in this application is true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection of this application or dismissal. I authorize the use of any information in this application to verify my statements or to obtain information about me, and authorize all my previous employers and other persons, including but not limited to school authorities, having information about me to release such information to the City of Lauderhill. I hereby knowingly and voluntarily consent to have the City of Lauderhill conduct a criminal background check of my person and I acknowledge any information derived from this background check may be used in conjunction with this application. I hereby agree to release the City of Lauderhill, Florida, from and against any and all claims, causes of action, or liability of whatsoever kind or nature, which I now have or may have in the future, arising out of, or in connection with, the City of Lauderhill obtaining, or being provided with, information about me in connection with this application for employment. Without signature, this application is not acceptable.

_____

Signature of Applicant Date

CITY OF LAUDERHILL – APPLICATION SUPPLEMENT SHEET

MINIMUM REQUIREMENTS

GENERAL INSTRUCTIONS: You **MUST COMPLETE THIS FORM** to be considered for employment. To assist us in processing your application, please describe how your experience meets or exceeds the minimum requirements posted for the position you are applying. If applying for more than one position, you must complete this form for each position. If your experience does not meet the minimum requirements, your application will not be forwarded for review and subsequent employment. PLEASE PRINT CLEARLY IN INK OR TYPE ALL INFORMATION.

Applicant Name:	**Position Applied For**:

1. Describe briefly in what ways your experience meets the minimum requirements of the position you are applying:

   _____

   _____

   _____

   _____

   _____

2. Do you meet the minimum educational requirements? Please describe.

   _____

   _____

   _____

   _____

   _____

3. Are there any special qualifications that you feel you have that would help you meet the minimum requirements?

   _____

   _____

   _____

   _____

   _____

Signature:_____ Date:_____

PLEASE PRINT ALL INFORMATION

Date _____ Position Applied For_____ Application #_____
(Internal Use Only)

Name _____ Phone ( ) _____
Last First MI

Address_____
Street City State Zip Code

Sex – M_____ F_____ Date of Birth_____

****

Racial Information:

_____ White
_____ Black (African Descent)
_____ Hispanic
_____ American Indian
_____ Asian/Pacific Islander
_____ Other_____

Please Indicate Where You Learned About This Position:

_____ Sun-Sentinel
_____ Miami Herald
_____ City of Lauderhill
_____ Walk-In
_____ Job Announcement
_____ Internet
_____ Job Line

Professional Publication_____
City Employee_____
Other_____

Confidential Applicant Information Card/EEO Policy

Applicants are assessed for those qualifications directly related to the job applied for without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability. In order that we may comply with Federal/State equal employment record keeping and reporting requirements, this form must be completed by **ALL** applicants. This card and information contained is kept in a confidential file and is **not** used in the employment selection process. Applications will not be accepted if this **Confidential Application Information Card** is not completed at time of application submission.

VETERANS'PREFERENCE CLAIM FORM

Instructions: Complete ONLY if you are claiming Veterans' Preference.

Subsection 1.01 (14) Florida Statute defines the term "Veteran" as one who has served in the active military and who is discharged UNDER HONORABLE conditions, notwithstanding any action by the Department of Veteran' Affairs on individuals discharged or released with "Other than Honorable" discharges. To receive benefits the veteran must have served at least one (1) of active duty day (other than Active Duty for Training). **(DOCUMENTATION OF SUCH SERVICE MUST BE PROVIDED AT TIME OF APPLICATION)**

Please check the appropriate statement as it applies to you:

☐	**World War II**	**December 7, 1941 to December 31, 1946**
☐	**Korean Conflict**	**June 27, 1950 to January, 31 1955**
☐	**Vietnam Era**	**February 28, 1961 to May 7, 1975**
☐	**Persian Gulf**	**August 2, 1990 to January 2, 1992**
☐	**Operation Enduring Freedom**	**October 7, 2001 to Present**
☐	**Operation Iraqi Freedom**	**March 19,2003 to Present**
☐	**Operation New Dawn**	**September 1, 2010 to Present**

☐ **A Veteran who has served in a Campaign or Expedition for which a qualifying Campaign Badge has**
Been authorized: including any Armed Forced Expeditionary Medal or the Global War on Terrorism Expeditionary Medal

Also, please check the following appropriate statement as it applies to you.

☐ *** A veteran with a service connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs, or**

☐ *** The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing a action, captured, or forcibly detained by foreign power, or**

☐ **A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or**

☐ *** The un-remarried widow or widower of a veteran who died of a service-connected disability.**

☐ **A Veteran who has served in a Campaign or Expedition for which a qualifying Campaign Badge has been authorized: including any Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal.**

☐ **** A mother, father, legal guardian or un-remarried widow or widower of service member who died as result of military service under combat-related conditions verified by the US Department of Defense.**

☐ **A Veteran in the active (other than Active Duty for Training) military, naval or air service who was discharged under honorable conditions or received an upgrade discharge under honorable conditions.**

☐ ***** A current member of any reserve component of the United States Armed Forces or the Florida National Guard**

*** A STATEMENT OF DISABILITY CERTIFICATION FORM FROM THE DEPARTMENT OF VETERANS' AFFAIRS MUST BE SUBMITTED AT THE TIME OF APPLICATION.**

**** A STATEMENT OF ELIGIBILITY FROM THE DEPARTMENT OF VETERANS' AFFAIRS MUST BE SUBMITTED AT THE TIME OF APPLICATION.**

***** A STATEMENT FROM THE COMMANDING OFFICER MUST BE SUBMITTED AT THE TIME OF APPLICATION.**

○ **YES** ○ **No**

I am Claiming Veteran' Preference. Please attach DD 214 form, Member 4 copy or equivalent showing Character of Service and/or appropriate documentation discussed above.

An applicant eligible for Veterans'' Preference who believes he or she was not afforded employment preference in accordance with Florida law may file a complaint requesting an investigation with the Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, Fl 32331. A complaint must be filed within 21 calendar days from the day that the notice of hiring decision is received by the applicant or within three (3) calendar months of the date the application is filed with the City. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the City to determine if the position has been filled.

_____ _____

Signature **Date**