

CITY OF LABELLE



EMPLOYMENT APPLICATION

TO: ALL APPLICANTS

The City of LaBelle has a commitment to provide the best service possible to our community. The selection of qualified employees is the first critical step in our commitment to quality. We need your cooperation by carefully completing this application which will assist us in making the best hiring selections.

If you have any questions regarding this application, require assistance or desire information relating to this or other positions with the City, please contact the Human Resources Department at (863) 675-2872, and we will be happy to assist you.

IMPORTANT INSTRUCTIONS

Our application form is designed to provide you with the opportunity to illustrate your qualifications. Please review the entire application form before you start. Following directions in completing this application form is part of the evaluation process. You may submit a resume and other supporting information along with your application, however, **all sections of the application must be completed or it will not be considered.** Information contained in your application will be verified.

Please check areas in which you are competent:

OFFICE SKILLS

- Calculator
- Filing
- Switchboard
- Transcription of Minutes
- Office Equipment (fax, copier, etc.)
- Word Processing
- Spreadsheets/Database
- Typing: _____ wpm
- Software/Computer Applications _____

TRADE SKILLS

- Masonry
- Automotive/Mechanical
- Map Preparation
- Welding
- Grounds Keeping
- Rough Carpentry
- Pipefitting
- Photography
- Finished Carpentry
- Reading Blueprints
- Plumbing
- Drafting/Graphics
- Electrical Repair Work
- Refrigeration/Repair
- Heavy Equipment/Mechanical
- Painting
- Automotive/Bodywork
- Roofing

EQUIPMENT SKILLS

- Cranes
- Pay Loaders
- Power Tools
- Ditching Machines
- Power Mowers
- Communications
- Air Hammers
- Tractors
- Bulldozers
- Other (please list): _____

PROCESSING OF APPLICATIONS

Applicants may be conditionally hired based on their education, training, and experience subject to successful completion of:

1. Background Investigation
2. Drug Screen
3. Motor Vehicle Report (if driving is required for the position)

Documentation substantiating military service will be required if "Veteran's Preference" is requested.

When hired, we require that each individual present the following items:

1. Social Security Card/ Verification of eligibility to work in the United States and IRS purposes
2. Verification of Date of Birth
3. Proof of Education/Certificates/Licenses required for the position
4. Valid Florida Driver's License (if required) for the position

CITY OF LABELLE

Unconditional Release of Background Information

TO: Whom It May Concern
RE: Pre-employment Information

The City of LaBelle is investigating and evaluating my qualifications for employment, and I would appreciate your assistance and/or cooperation in providing background information. It is in the public's best interest that all relevant information concerning my background be disclosed on my personal and professional history. It may be necessary that the City discontinue processing my application if you decline to disclose the information requested.

I hereby authorize any representative of the City bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct that you disclose and release such information. The intent of this authorization is to give my consent for full and complete disclosure and full and free access to the background history of my personal and professional life, however confidential it may appear to be, for the specific purpose of the City pursuing a background investigation to determine my suitability for employment.

Regardless of any agreement I may have made with you previously to the contrary, I consent to your release of any and all public and private information that you have concerning me, my work record, my background, my educational records, attendance records, and discipline records.

I, and on behalf of my heirs, family, and associates, hereby release you as the custodian of such records and/or information, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and/or release of information, or any attempt to comply with my request, including any liability or damage pursuant to any Federal or State Laws. A photocopy or faxed copy of this Release Form will be as valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

For and in consideration of the City's acceptance of my application for employment, I, and on behalf of my heirs, family, and associates, agree to hold the City, its agents and employees harmless for any and all claims of liability associated with my application for employment and the use or dissemination of any information obtained as a result of this release or otherwise obtained, and/or the decision whether or not to employ me. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be provided to the proper authorities.

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed below.

Applicant's Name: _____ Telephone No. _____

Current Address: _____

City: _____ State/Zip: _____

Authorized Signature: _____ Date: _____

AFFIDAVIT

State of Florida

County of Hendry

The foregoing instrument was acknowledged before me this _____ day of _____, 2008 by the above person _____, who is personally known to me or who has produced _____ as identification and who (did) (did not) take an oath.

Signature of Notary

Print, Type, or Stamp Commission

APPLICATION STATEMENT

I understand that this application will be given every consideration but is not an offer or promise of employment. Any employment, not just during the initial probationary period, is "at-will"

I understand that if hired, my employment will be for no definite time period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment for any or no reason at any time with or without notice and the City has the same right. No one other than the Mayor has authority to modify this relationship or to make any agreements to the contrary. Any such modifications or agreements must be in writing.

I understand that the City reserves the right to require me to submit to a drug screen prior to employment and at any time during my employment to the extent required or permitted by law.

I understand that the City may investigate my driving record and my criminal record if any, and that a background investigation will be completed. I specifically authorize current and past employers and educational institutions to disclose to the City all records pertinent to my employment with them. These inquires may include information as to my character, general reputation, personal characteristics and job performance.

I understand that if I am employed, I will be on a probationary status for 6 months at which time I will be evaluated and the probationary status will either be extended, I will be placed on regular status, or terminated.

I certify that all statements made by me on this application are true and complete. I understand that should I be employed, any omitted, false, misleading, incorrect, or incomplete oral or written statements made in connection with my application may result in my dismissal.

DO NOT SIGN UNTIL YOU READ AND AGREE TO THE ABOVE STATEMENT!

Signature _____ Date _____

CITY OF LABELLE
Human Resources Department
P.O. Box 458
LaBelle, FL 33975

EMPLOYMENT APPLICATION
(863) 675-2872

**WE ARE AN EQUAL OPPORTUNITY, DRUG AND ALCOHOL FREE
WORKPLACE EMPLOYER.**

Employment applications are active for one (1) year. Once any application has been submitted to Human Resources, **it is public record.** It is the applicant's responsibility to notify the City of any changes.

GENERAL INFORMATION

POSITION APPLIED FOR: _____

Please review the job description and requirements for the position you are applying for.

Name: _____ Date: _____

Street Address: _____

Previous Address: _____ From: _____ To: _____

Telephone Numbers: Home(____) _____ Work(____) _____

Emergency Contact Name: _____ Relationship: _____

Citizen of the United States? _____ YES _____ NO (Attach authorization to work in the United States)

Are you under 18 years old? _____ YES _____ NO

Date available to work: _____ Full-time _____ Part-time _____

Available Weekends _____ Nights _____ Holidays _____ Desired Salary: _____

Have you ever been employed by the City: _____ YES _____ NO; When? _____

Position held: _____ Reason for leaving? _____

Do you have any relatives who are employees of the City? _____ YES _____ NO
List name and relationship: _____

Have you ever stolen from your current or a past employer? _____ YES _____ NO
(Attach explanation)

Have you ever been terminated or asked to resign from any job? ____ YES ____ NO
Explain the circumstances: _____

Are you on layoff and/or subject to recall? ____ YES ____ NO (Explain) _____

EDUCATIONAL INFORMATION

Circle Highest Grade Completed:

Grammar High College Graduate
1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 1 2 3 4

Name/Address of School	Major/Minor	Degree Type	Degree	
			Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Attach additional sheet if required.

DRIVER'S LICENSE

Issuing State: _____ Exp. Date: _____

Type of License: ____ Operator ____ Restricted or Commercial _____

If Commercial, include classification ____ A ____ B ____ C ____ D

Is your license currently or ever been suspended or revoked? ____ YES ____ NO;
Explain: _____

EXPERIENCE

THIS SECTION MUST BE COMPLETED FULLY

1. **Complete all information requested, even if duplicated in resume or other optional attachments.** Begin with your most recent job. Separately list each job, and any period of unemployment. **Do not leave gaps in employment history.**
2. List names of all employers within the past 10 years (use additional sheet if necessary).
3. If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.
4. If you have been employed under any other name(s), list name(s) by each employer as applicable.

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

If currently employed, may we contact your employer regarding your employment record? YES NO

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Your Job Title: _____

Address: _____

Telephone: _____ Business Type: _____

Start Date: _____ Hourly Pay Rate \$ _____ Ending Date: _____

Name of Supervisor/Contact Person: _____

Specific Duties and Responsibilities: _____

Reason for leaving: _____

VETERAN'S PREFERENCE REQUEST

Veterans and certain Veteran Spouses/ Widows/ Widowers

**ALL APPLICANTS MUST ANSWER "YES" OR "NO" TO QUESTION
NUMBER 1, SIGN AND DATE AT THE BOTTOM OF THE PAGE**

1. Are you claiming Veteran's Preference: YES NO (If no, skip to the signature line. If yes, a copy of your DD214 must be attached with this application)
2. Check the appropriate line if you are claiming Veterans' Preference (Effective April 8, 1992, Chapter 92-80, Laws of Florida amended the definition of wartime service to include the Persian Gulf War):

A) A Veteran with a service connected disability which is compensated under public laws; or a Veteran who is receiving compensation, disability retirement benefits, or pension by reason of public laws, where "public laws" are those administered by the U.S. Department of Veteran Affairs; or

B) The spouse of a Veteran who cannot qualify for employment due to a total and permanent disability, or spouse of a Veteran missing in action, captured or forcibly detained by a foreign power; or

C) A Veteran who has served on active duty for at least one day, and who was separated with an honorable discharge from the Armed Forces of the United States if any part of such active duty was performed during a wartime era. Active duty for which training is now allowable; or

D) The non-remarried widow or widower of a Veteran who died of a service connected disability.

3. Have you ever claimed and been employed through Veteran's Preference?

Yes No.

Employer: _____

Address: _____

Job Title: _____ Employed from: _____ to: _____

NOTE: Under the Florida law preference, an appointment and employment shall be given first to those persons included in category "a" and "b" above. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veteran's Affairs. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of hiring decision is not given, a complaint may be filed at any time. Contact Human Resources if assistance is needed.

Signature: _____ Date: _____

ADDITIONAL INFORMATION

What are your primary strengths and weaknesses? Why do you want to work for the City of LaBelle? List any additional information that should be considered in evaluating your application.

Why do you believe the City should hire you rather than another applicant?

FOR OFFICE USE ONLY

Date Received: _____ Resume Attached ____ Yes ____ No

Retention Date: _____ Reviewed for Postion: _____

Interviewed: _____ Job Offered: _____

REFERENCES

PERSONAL: Must not be a relative

Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____

Years Known: _____

PROFESSIONAL

Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____

Years Known: _____

C.B.I.

Authorization For Release Of Personal Background Information

In consideration of my application for employment (including contract for services) with
City of LaBelle

I authorize Clewiston Background Information, a Florida Company and specialist in information checks and hereinafter referred to as C.B.I., acting on its own or as an agent of any other company or organization and their respective agents, to conduct and report research and share with each other, information about my background including, but not limited to, information about my prior employment, education, driving record, consumer credit history, criminal record, and general public records history.

Further, I understand that an information consumer report may be requested from various Federal, State, Local and other agencies. I understand that such an informative report may contain information about my background. Mode of living, character, and personal reputation; and that I am entitled to be advised of the nature and scope of the information requested within a reasonable time after I ask for this information in writing.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY PERSONS, AGENCY OR OTHER ENTITY CONTACTED BY C.B.I. TO FURNISH THE ABOVE MENTIONED INFORMATION.

I understand that any information into the consumer report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act 603(h), as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I release C.B.I., Their respective officers, directors, employees, and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

The information requested below is needed for the purpose of positive identification and to complete verification procedures. (please print clearly).

Name: Mr. _____
Ms. (First) (Middle) (Last) (suffix: Jr.,Sr.,etc.)
Mrs.

Other names used(maiden, aliases) _____

Social Security Number _____ Date of Birth _____ Race _____

Driver's License Number _____ State _____

Present Address _____
(Street) (Apt.#) (City) (County) (State) (Zip)

Prior Address _____
(Street) (Apt.#) (City) (County) (State) (Zip)

Signature

Date

C.B.I.

Phone: (863)983-7178

Fax: (863)983-8626

This two-page form is to be attached to the for, "Authorization For Release of Personal Background Information". This form is to be used to obtain information regarding your background, including employment history, education achieved and licenses held. Please print clearly and sign the bottom of page two. Thank You!

Print Full Name _____ Social Security Number _____

Other Names Used(Maiden, Aliases): _____

Employment History: Please use as many additional pages as necessary to fully respond to each inquiry. Blank pages provided upon request. Explain any periods of unemployment.

Most Recent Employer:

Company: _____
Address: _____ City: _____ State: _____ Zip _____
Telephone Number:() _____ Dates of Employment (mo/yr)From _____ to _____
O.K. to contact (please circle one)? Yes No . Reason for leaving (if you quit, explain why. If you were terminated, explain reasons given): _____
For Last Position Held: Supervisor: _____ Supervisor's Title _____
Your Position/Title _____ Job Duties _____

Second Most Recent Employer:

Company: _____
Address: _____ City: _____ State: _____ Zip _____
Telephone Number:() _____ Dates of Employment (mo/yr)From _____ to _____
O.K. to contact (please circle one)? Yes No . Reason for leaving (if you quit, explain why. If you were terminated, explain reasons given): _____
For Last Position Held: Supervisor: _____ Supervisor's Title _____
Your Position/Title _____ Job Duties _____

Third Most Recent Employer:

Company: _____
Address: _____ City: _____ State: _____ Zip _____
Telephone Number:() _____ Dates of Employment (mo/yr)From _____ to _____
O.K. to contact (please circle one)? Yes No . Reason for leaving (if you quit, explain why. If you were terminated, explain reasons given): _____
For Last Position Held: Supervisor: _____ Supervisor's Title _____
Your Position/Title _____ Job Duties _____

Signature _____ Date _____

C.B.I.
Phone: (863) 983-7178
Fax: (863) 983-8626