

# **Attention Applicant**

Thank you for your interest in employment with The City of Trenton. Please read the following information before completing your application. Resumes will not be accepted in lieu of a City of Trenton Employment application. You must complete an application form for each position for which you are applying. Photocopied applications with an original signature and recent date will be accepted. Failure to submit a completed signed application may disqualify you from consideration.

## **Application Process**

Once the position closes all applications are reviewed for the minimum qualifications. If your application reflects that you meet the minimum qualifications, it will be referred to the interviewing department. The department selects the most qualified applicants for the interview and schedules the interviews. Only those applicants who are interviewed will be notified of the results of the selection process.

## **License Requirements**

**All applicants must submit a copy of your driver's license.** The City of Trenton has a Vehicle Use Policy which requires all employees to have their driving record reviewed for violations according to the requirements of the City of Trenton Personnel Policy. If you are applying for a position requiring a specific license or certification, a copy (not the original) of the document must be submitted with the application.

## **Drug Free Work Place**

The City of Trenton is a Drug Free Workplace and has a Drug Testing Policy. All offers of employment are contingent upon the successful completion of a pre-employment drug test.

## **Veteran's Preference**

In accordance with Chapter 295 of the Florida Statutes, the City of Trenton gives preference in employment to veterans and spouses of veterans who meet certain eligibility criteria. Such preference will be granted, provided that you have demonstrated eligibility and have met any other employment criteria required by The City of Trenton. Any applicant claiming veterans' preference for a vacant position, who is not selected, may file a complaint with the Division of Veterans' Affairs: PO Box 31003, St. Petersburg, FL 33732. This complaint must be filed within 21 days notice of the hiring decision.

## **Proof of Citizenship and Employment Eligibility**

The Immigration Reform and Control Act require that all employees submit proof of citizenship and employment eligibility upon hire. If you are chosen for employment with the City of Trenton, you will need to submit the required documentation (i.e. driver's license and social security card) before the first date of employment. No one will be allowed to begin working unless the original documents are submitted to the Personnel Office for verification.

### *Certification*

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for public employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# THE CITY OF TRENTON EMPLOYMENT APPLICATION

For Office Use Only

Date Received: \_\_\_\_\_

**It is important that you answer all questions on this application fully, as failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write NA (not applicable). If you are applying for a position that requires driving, a copy of your driver's license is necessary upon submission of this application for the mandatory screening process.**

Position(s) Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Information Please Type or Print with ink

Last Name	First Name	Middle Name
Address	City, State	Zip Code
Social Security Number	Telephone Number	E-mail

Have you ever been employed by the City of Trenton? \_\_\_\_\_ If yes, please list department and dates:

Please list relative(s) in a supervisory position(s) employed by The City of Trenton (including board members) :

Are you a United States Citizen?      Yes      No

If not, do you have the necessary resident alien work permits for employment?      Yes      No

If you are under 18 years of age, please list your date of birth:	Do you claim Veterans' Preference? _____ If yes, you must complete the Veteran's Preference Information and submit required documentation.
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Have you ever been convicted of or pled no contest to a crime; ever been a defendant in any civil action for intentional tort; had an adjudication withheld for a criminal offense; entered a pretrial intervention program; or been place on court ordered probation:

( ) Yes ( ) No    If yes, state the nature of the offense(s) date(s), city and state and disposition. A nature, date, disposition of an offense, and other factors deemed relevant by the employer will be considered.

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed?    Yes    No	If yes, may we contact your current employer?    Yes    No
On what date would you be available for work?	Are you available to work? Full- Time      Part -Time      Temporary
Are you physically or otherwise unable to perform the duties of the job for which you are applying? ( ) Yes      ( ) No	
Can you travel if a job requires it? ( ) Yes ( ) No      Can you get to work on time? ( ) Yes ( ) No	
Can you work the regular hours, overtime and occasional weekend work to meet the operational needs of the City? ( ) Yes ( ) No	
Do you understand that attendance and dependability are essential requirements of the job? ( ) Yes ( ) No. If not, specify what reasonable accommodations you are requesting. _____	
Do you understand that City buildings are a smoke-free environment and there are no separate break times for smokers ( ) Yes ( ) No	

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.*

**Applicant Employment History**

<b>1</b>	
<b>Name of Present or Last Employer:</b>	
<b>Address:</b>	<b>Phone Number:</b>
<b>Job Title:</b>	<b>Supervisor's Name:</b>
<b>Dates Employed:</b> _____ <b>to</b> _____	<b>Hours Per Week:</b>
<b>Duties and Responsibilities:</b>	
<b>Reason for Leaving:</b>	<b>Starting Pay:</b> _____ <b>Ending Pay:</b> _____

<b>2</b>	
<b>Name of next previous employer:</b>	
<b>Address:</b>	<b>Phone Number:</b>
<b>Job Title:</b>	<b>Supervisor's Name:</b>
<b>Dates Employed:</b> _____ <b>to</b> _____	<b>Hours Per Week:</b>
<b>Duties and Responsibilities:</b>	
<b>Reason for Leaving:</b>	<b>Starting Pay:</b> _____ <b>Ending Pay:</b> _____

<b>3</b>	
<b>Name of next previous employer:</b>	
<b>Address:</b>	<b>Phone Number:</b>
<b>Job Title:</b>	<b>Supervisor's Name:</b>
<b>Dates Employed:</b> _____ <b>to</b> _____	<b>Hours Per Week:</b>
<b>Duties and Responsibilities:</b>	
<b>Reason for Leaving:</b>	<b>Starting Pay:</b> _____ <b>Ending Pay:</b> _____

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Name of next previous employer:

Address:

Phone Number:

Job Title:

Supervisor's Name:

Dates Employed: to

Hours Per Week:

Duties and Responsibilities:

Reason for Leaving:

Starting Pay:

Ending Pay:

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Name of next previous employer:

Address:

Phone Number:

Job Title:

Supervisor's Name:

Dates Employed: to

Hours Per Week:

Duties and Responsibilities:

Reason for Leaving:

Starting Pay:

Ending Pay:

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Name of next previous employer:

Address:

Phone Number:

Job Title:

Supervisor's Name:

Dates Employed: to

Hours Per Week:

Duties and Responsibilities:

Reason for Leaving:

Starting Pay:

Ending Pay:

**EDUCATION / PROFESSIONAL TRAINING**

**HIGH SCHOOL**

NAME/LOCATION OF SCHOOL:

Date of Diploma: \_\_\_\_\_

RECEIVED: (Circle one)

Diploma                  None                  Other (specify)

YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:

**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:**

Name of School	Location	Dates of Attendance Month /Year	Credit Hours Earned	Major/Minor Course of Study	Degree Earned

YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:

**JOB-RELATED TRAINING OR COURSE WORK:** (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

Name of School	Location	Dates of Attendance Month /Year	Credit Hours Earned	Course of Study	Training Completed?	
					yes	no

YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:

**LICENSURE, REGISTRATION, CERTIFICATION**      Examples: Driver License, CDL, Teacher Certification, RN, LPN, PE, CPA, etc.

License, Registration or Certification:	Number	Date Received	Expiration	State Licensing Agency

**OTHER APPLICANT INFORMATION**

REFERENCES: Please list three professional references. *(Please do not include family members)*

Name	Occupation	Phone	Years known

Special Skills (include skills with computers, machines, tools, and motor equipment)


In your own words, explain how you qualify for the position: *please be specific.*


**VETERAN'S PREFERENCE INFORMATION**

Your Name: \_\_\_\_\_ Position you applying for: \_\_\_\_\_

Signature: \_\_\_\_\_

If you are claiming veterans' preference, you must indicate the preference eligibility category that applies to you. Please circle the number that pertains to you and provide the necessary documentation as indicated. All required documentation must be received by the Personnel Office prior to the closing date of the vacant position in order for veterans' preference to be applied.

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 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 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 unremarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or comparable document, which serves as a certificate of release or discharge, must be furnished at the time of application. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime period are defined in F.S. 1.01, Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veteran's Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filled with the employers if no notice is given.

**VETERANS' PREFERENCE CLAIM**

IF ELGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? \_\_\_\_\_

(Please indicate number from Veterans' Preference information section above.)

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA? YES NO

(Please circle one)

**NOTE:**

If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application

**EEO SURVEY**

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240 325 John Knox Road, Tallahassee, Florida 32303.

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

Sex: (circle one) Male Female Date of Birth: \_\_\_\_\_

Race (Circle only one): WHITE BLACK (Non-Hispanic) HISPANIC ASIAN or PACIFICA ISLANDER NATIVE AMERICAN

OTHER (Specify) \_\_\_\_\_

# NOTICE TO APPLICANTS

## GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, handicap, marital status or any other basis protected by law. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps, and bona fide religious beliefs.

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

We also maintain a Drug-Free Workplace in accordance with all applicable State and Federal regulations, copies of which, together with the employer's Drug-Free Workplace Policy are available for inspection at all reasonable times by applicants or employees upon request.

### **PLEASE READ AND SIGN STATEMENTS BELOW**

I understand that, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.  
\_\_\_\_\_ (Initial)

I understand that as a condition of my employment, I must take and pass a pre-employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy, copies of which have been provided to me and a copy, executed by me, returned to the employer.  
\_\_\_\_\_ (Initial)

I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre-employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain.  
\_\_\_\_\_ (Initial)

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer.  
\_\_\_\_\_ (Initial)

I certify that all information given to the employer by me in the form of an employment application, resume, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer may conduct a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny unemployment benefits as a result of my termination.  
\_\_\_\_\_ (Initial)

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature