

**THE CITY OF TRENTON  
PUBLIC SAFETY DEPARTMENT**



**EMPLOYMENT APPLICATION**

# EMPLOYMENT APPLICATION FORM

The City of Trenton is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

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

On what date are you available for work? \_\_\_\_\_

Are you available to work the following?  
 Evenings \_\_\_\_\_ Midnights \_\_\_\_\_ Weekends \_\_\_\_\_

POSITION(S) APPLYING FOR: \_\_\_\_\_

## PERSONAL HISTORY

1. Full Name:

\_\_\_\_\_  
 Last First Middle

\_\_\_\_\_  
 Current Home Street Address City State Zip Code

\_\_\_\_\_  
 Mailing Address if different from above City State Zip Code

( ) ( )  
 Home Telephone Number Alternate Telephone Number-List Type: \_\_\_\_\_  
 (Pager, work, cellular, etc.)

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: former, maiden, birth name(s), alias(es), or nickname(s)).

Name	Circumstance	Dates From: Month/Year	Dates To: Month/Year

3. Have you ever filed an application with us before?  Yes  No

4. Have you ever been employed by us before?  Yes  No

5. Are you related to a member of the Trenton PD?  Yes  No  
 If yes, name and relationship \_\_\_\_\_

6. Have you ever applied for employment with any other law enforcement agency (city, county, state or federal)?  Yes  No  
 If yes, list agencies in table below.

Agency Name	City/State	Date Applied	Employed?

**EDUCATION/TRAINING**

High School Name/City/State	Dates Attended (Mo./Yr.)		Years Completed	Did you Graduate?	Type of Diploma (HS/GED)
	From	To			

College/University Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/Major
	From	To			

**Other Schools (Law Enforcement, Trade, Vocational, Business or Military):**

School Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/Certification
	From	To			

1. Describe any awards, honors, citations, positions held in school/college/community organizations and any other special recognition you have received:  


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2. Indicate any special licenses or certifications such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires:  


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3. Indicate any special skills or abilities you possess and/or equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, Breathalyzer, speed detection equipment, firearms):  


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**EMPLOYMENT HISTORY**

1. Have you ever been terminated, asked to resign or left by mutual agreement from any employment or position you have ever held for any reason, including allegations of misconduct or unsatisfactory performance?       Yes    No  
 If yes, provide details.  


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2. Have you ever had any disciplinary action taken against you as a result of any employment or position you have ever held?  
 Yes    No      If yes, provide details.  


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3. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer?  
 Yes    No      If yes, please provide name of agency and dates of service.  


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4. List chronologically all employment **BEGINNING WITH PRESENT EMPLOYMENT**, including summer, volunteer and part-time employment while attending school. **All time MUST be accounted for. If unemployed for a period, list dates of unemployment.**

Name & Address of Employer (Most Recent First)	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	TO				
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						

Continue, in above format, on separate 8 1/2 x 11 sheet of paper

## RESIDENCES

1. List places of residence for past 5 years. List chronologically beginning with present all addresses, including residences while at school and in military. When listing campus residences, give school name, dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state.

Dates (Mo/Yr.)		Apartment Number	Street Address (If apartment complex, include complex name)	City	County	State & Zip Code
From	To					

## ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice of summons to appear for any criminal offense?  Yes  No  
If yes, provide details in table below.

Agency Name/Location	Date	Charges	Disposition

2. Have you ever been detained by a law enforcement officer for investigative purposes?  Yes  No  
If yes, provide details.

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3. To your knowledge, have you ever been the subject of or a suspect in any criminal investigation?  Yes  No  
If yes, provide details.

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4. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No  
If yes, provide details.

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5. Have you ever been a plaintiff or defendant in a court proceeding?  Yes  No If yes, provide details.

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## DRIVING HISTORY

1. Florida Driver License No.: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held a driver license in another state?  Yes  No  
 If yes, please provide state(s), name used and approximate dates license(s) was/were held.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been denied issuance of a driver license or have you ever had a driver license suspended, canceled or revoked?  Yes  No If yes, provide complete details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. During the past seven (7) years, have you received a traffic citation or been charged with a traffic violation (excluding parking citations)?  Yes  No If yes, provide details in table below.

Agency Name/Location	Date	Charges	Disposition

## MILITARY HISTORY

1. Are you registered for Selective Service?  Yes  No  
If yes, your Selective Service Number: \_\_\_\_\_  
Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_  
Address of Local Board: \_\_\_\_\_
2. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No  
Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_
3. Serial #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
4. Date and type of discharge: \_\_\_\_\_
5. Are you now or have you ever been a member of a reserve unit or the National Guard?  Yes  No  
If yes state the branch of service, name and location of your unit and whether you attend drills, meetings or camps:  
\_\_\_\_\_  
\_\_\_\_\_
6. Was any type of disciplinary action taken against you in the military?  Yes  No  
If yes, please provide:  
Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Nature of Offense: \_\_\_\_\_  
Action Taken: \_\_\_\_\_
7. Have you ever served in the Armed Forces of a foreign country?  Yes  No  
If yes, please specify countries and dates.  
\_\_\_\_\_
8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference.  
**Documentation substantiating your claim must be furnished at the time of application.**
- 1.  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. Veteran's Administration and the Department of Defense.
  - 2.  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.
  - 3.  A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.
  - 4.  The un-remarried widow or widower of a veteran who died of a service-connected disability.
9. Have you claimed and been employed using veteran's preference since October 1, 1987?  
 Yes  No If "yes," please give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.



## PERSONAL REFERENCES & ACQUAINTANCES

1. **Personal References:** Give three (3) references (not relatives or present employers) who are responsible adults of reputable standing in their communities not residing in same home, who have known you well during the past three (3) years. If retired, give former occupation.

Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ( ) _____ Business Address: _____ City & State: _____ Business Phone: ( ) _____
Yrs. Acc.	Occupation	
Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ( ) _____ Business Address: _____ City & State: _____ Business Phone: ( ) _____
Yrs. Acc.	Occupation	
Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ( ) _____ Business Address: _____ City & State: _____ Business Phone: ( ) _____
Yrs. Acc.	Occupation	

2. Do you have close association or affiliation with a known felon?  Yes  No If yes, please explain.

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## ORGANIZATION MEMBERSHIP

1. List all clubs and organizations which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of or affiliated with any foreign or domestic organization, association, movement, group, gang, or combination of persons which has adopted, or shows a policy of advocating or approving of the commission of acts of force or violence that are criminal in nature or that would deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No
  3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above?  Yes  No If yes to question #2 or #3, answer questions #4 and #5 also.
  4. At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization?  Yes  No
  5. Did you intend to promote any unlawful aims of the organization?  Yes  No  
If yes to question #2, #3, #4 or #5, explain including name of organization and location.
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**BUSINESS INTERESTS & LICENSES**

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?  Yes  No
  2. Are you now issued or have you ever been issued a license to engage in a business or profession?  Yes  No
  3. Was your license ever cancelled, suspended or revoked?  Yes  No  
If yes, to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.
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**CREDIT DATA**

1. Are you or your spouse indebted to anyone?  Yes  No  
If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also list any debt where payment is past due, regardless of amount.

Creditor	Creditor Address	Total amount owed	Loan or Account Number

2. Have you, your spouse or a company controlled by you filed for bankruptcy?  Yes  No  
Declared bankruptcy?  Yes  No Had a legal judgment rendered against you for a debt?  Yes  No  
Been subject to a tax lien?  Yes  No. If yes to any of these questions, please provide details.
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## APPLICANT CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Trenton Police Department. I agree to these conditions and certify that all statements made by me on this application are true, correct, and complete to the best of my knowledge. I consent to a polygraph examination which includes questions related to criminal activity, finances, military, driver record, character, employment history, and medical history. I fully understand that if my responses to questions asked during the polygraph indicate that I have not truthfully answered any question on my application, I may be disqualified from employment or appointment.

I understand that this employment application shall become property of the Police Department and that it and the information received in response to the background examination are public records. I also understand that I may be required to furnish the Trenton Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Trenton Police Department. I understand that use of illegal drugs or alcohol is not permitted during work or work time, weather paid or unpaid, in the areas, including vehicles where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary to satisfactorily perform the duties of my position or assignment with the Trenton Police Department.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash in payment for overtime hours that I work, to the extent allowed by law. I understand however, that the Chief of Police has the absolute discretion to periodically substitute cash, in whole or part for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application, personal or otherwise regarding my ability and fitness for employment or appointment with the Trenton Police Department, and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Trenton Police Department.

I agree to conform to the policies and procedures of the Trenton Police Department. I understand an investigation will be conducted on all the information listed on this application.

### MUST BE SIGNED AND WITNESSED

\_\_\_\_\_  
Signature of applicant as usually written

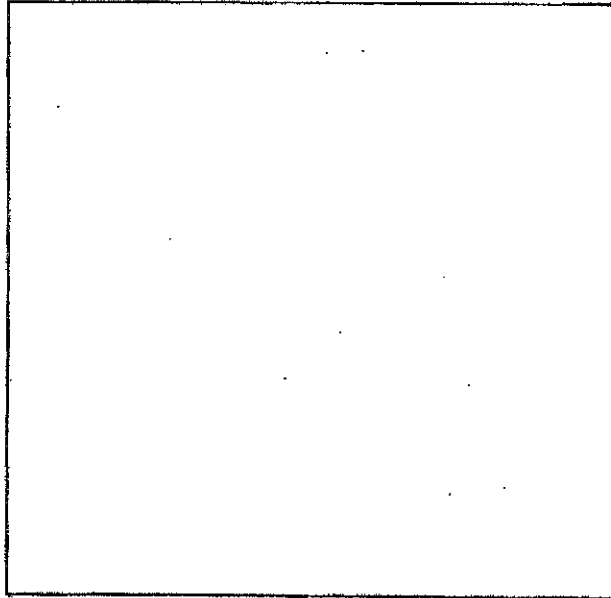
\_\_\_\_\_  
Date

Witnessed by:

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

Print Name: \_\_\_\_\_

**EMPLOYMENT APPLICATION  
PHOTO PAGE**



Name (Please print): \_\_\_\_\_  
                                    First                                    MI                                    Last

Date photograph taken: \_\_\_\_\_



9. Do you now or have you ever illegally obtained, possessed, supplied or sold any narcotic or controlled substance such as, but not limited to, marijuana, ecstasy, cocaine, LSD, speed, roofies, heroin, steroid or any drug of a similar nature (if applicable)?  Yes  No

If yes, please complete the following chart:

Type Drug	Method How Taken	Circumstances	Number of Times	First Time	Last time
			illegally obtained _____ possessed _____ supplied _____ sold _____	illegally obtained _____ possessed _____ supplied _____ sold _____	illegally obtained _____ possessed _____ supplied _____ sold _____
			illegally obtained _____ possessed _____ supplied _____ sold _____	illegally obtained _____ possessed _____ supplied _____ sold _____	illegally obtained _____ possessed _____ supplied _____ sold _____
			illegally obtained _____ possessed _____ supplied _____ sold _____	illegally obtained _____ possessed _____ supplied _____ sold _____	illegally obtained _____ possessed _____ supplied _____ sold _____
			illegally obtained _____ possessed _____ supplied _____ sold _____	illegally obtained _____ possessed _____ supplied _____ sold _____	illegally obtained _____ possessed _____ supplied _____ sold _____

10. Do you now or have you within the last year, illegally used or tried any narcotic or controlled substance, to include but not limited to those mentioned in question 9? If so, provide details, including drug, date and circumstances.

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11. Do you now or have you within the last year, abused or illegally obtained, illegally possessed or sold any prescription drug?  Yes  No If yes, provide details, including drug, date and circumstances.

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12. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

13. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

Business Phone \_\_\_\_\_

The following information is solely for the purpose of compliance with federal regulations.

1. Race: \_\_\_\_\_ White, Non-Hispanic

\_\_\_\_\_ Black, Non-Hispanic

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Other: \_\_\_\_\_

2. Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

4. Place of Birth: \_\_\_\_\_  
City County State

5. Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If naturalized, please provide: \_\_\_\_\_  
Date Place

6. Marital Status:  Married  Divorced  Separated  Widowed  Single

7. Do you have or have you ever applied for a passport? \_\_\_\_\_ Yes \_\_\_\_\_ No

Passport No: \_\_\_\_\_



To: *Concerned Person or Authorized  
Representative of Any Organization,  
Institution or Repository of Records*

**APPLICANT'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

*Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission expires on \_\_\_\_\_, 20\_\_\_\_.

Personally Known \_\_\_\_\_ -  - Produced Identification \_\_\_\_\_  
Notary Public

Type of Identification Produced: \_\_\_\_\_

Effective: 8/9/2001 Original - Employing Agency



## **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: \_\_\_\_\_

### 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 unmarried 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 ELIGIBLE, 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