

PLEASE READ CAREFULLY

Applications must be returned in person, mail, or by e-mail.

No faxed applications will be accepted.

City Hall HR Department
100 N Main Street
Wildwood, FL 34785
dgibsonsmith@wildwood-fl.gov

All positions require an application.

Additional information such as a resume can be added but will not replace an application.

If you have any questions, please call 352-330-1340.

Thank-you,

List all traffic citations you have received in the past ten years.

Date*	County/State	Charge	Disposition

*exact date of the citation is not required

EDUCATION

HIGH SCHOOL NAME: _____

LOCATION: _____ **Course of Study:** _____
DIPLOMA or GED ATTAINED? []Yes []No **YEARS COMPLETED:** 9TH 10TH 11TH 12TH

COLLEGE/UNIVERSITY NAME: _____

LOCATION: _____ **Course of Study:** _____
DIPLOMA OR DEGREE ATTAINED? []Yes []No **YEARS COMPLETED:** 1 2 3 4

Type of Degree Received: _____

ON-LINE and/or TRADE/VOCATIONAL School Name: _____

LOCATION: _____ **Course of Study:** _____
DIPLOMA OR DEGREE ATTAINED? []Yes []No **YEARS COMPLETED:** 1 2 3 4

Type of Degree Received: _____

JOB RELATED CERTIFICATE/LICENSE PROGRAMS COMPLETED (Provide copies of certificates/licenses): _____

OTHER SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience, along with any additional information you feel may be helpful to us in considering your application. (Be specific) _____

DESCRIBE ANY HONORS YOU HAVE RECEIVED: _____

PLACE OF THE APPLICATION. UPON RECEIPT, ALL APPLICATIONS BECOME PUBLIC RECORD UNDER THE PUBLIC RECORD LAW OF THE STATE OF FLORIDA.

THE CITY OF WILDWOOD IS A DRUG -FREE EMPLOYER. A PRE-EMPLOYMENT DRUG SCREEN MAY BE REQUIRED. A PRE-EMPLOYMENT PHYSICAL IS REQUIRED. RESULTS COULD DENY AN OFFER OF EMPLOYMENT.

I hereby certify that the information I have provided is true and correct. I understand that any fraudulent information provided would negate employment or consideration for employment with the City of Wildwood, Florida.

Applicant's Signature

Date

***Return to:
HUMAN RESOURCES
CITY OF WILDWOOD
100 NORTH MAIN STREET
WILDWOOD, FLORIDA 34785
352-330-1330 x105***

Required upon submission of Application:

- [✓] COPY OF any OPERATOR LICENSES and/or CERTIFICATIONS (relevant to position applying for)
- [✓] MILITARY DISCHARGE (DD214), if applicable

Required upon Conditional Offer of Employment:

- [✓] VALID FLORIDA DRIVER'S LICENSE
- [✓] COPY OF HIGH SCHOOL DIPLOMA OR GED
- [✓] COPY of any HIGHER EDUCATION DIPLOMA and/or DEGREE
- [✓] SOCIAL SECURITY CARD
- [✓] DOCUMENTATION OF LEGAL NAME CHANGE, i.e. Marriage license/adoption papers, if applicable
- [✓] POST-OFFER MEDICAL HISTORY QUESTIONNAIRE
- [✓] PRE-EMPLOYMENT PHYSICAL
- [✓ } BACKGROUND INVESTIGATION



Florida Retirement System (FRS) - Certification Form

This form is NOT an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have never been a member of a State of Florida administered retirement plan.

SIGNATURE

DATE

STOP HERE

II. I was a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

FRS Pension Plan (incl. DROP) FRS Investment Plan TRS SCOERS Other

III. I am not retired from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I must repay all unauthorized benefits received (see Section IV for details). My employer may also be liable for repaying any unauthorized benefits I received.

SIGNATURE

DATE

IV. I am retired from the Florida Retirement System. My Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the Investment Plan was _____

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received must be repaid,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ My employer may also be liable for repaying any unauthorized benefits I received.

I understand that as an Investment Plan retiree:

- a. If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired, I must repay⁶ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional Investment Plan distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP).
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (CCORP), state government (SMSOAP), or local governments (senior management).

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan members who retire on or after July 1, 2010.

AA/EEO SURVEY

DATE _____

I hereby authorize the City Of Wildwood to use the following information to assist the City in identifying and tracking City Employment trends, **FOR THE PURPOSE OF PROVIDING AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITIES AND PROVIDE AA/EEO INFORMATION TO STATE AND FEDERAL AGENCIES.** This information is provided voluntarily and I understand that **ALL RESPONSES ARE CONFIDENTIAL** and responses will not be used in evaluation of potential employees.

POSITION APPLIED FOR: _____ LAST NAME _____

SECTION I

- 1. MALE FEMALE OTHER
- 2. How did you hear about the position you are applying for? (Circle all that apply)
 Website Friend Newspaper Bulletin Board Church Club/Organization
 School Job Services Other _____
- 3. AGE GROUP: Less than 18 years _____ 18 to 44 years _____ 45 to 65 years _____ 65+ _____
- 4. RACE: White* Black* Hispanic Pacific Islander Native American Other _____

(* Not of Hispanic origin)

SECTION II

Would you apply for any of the following jobs if they were available?

IF NO, WHY (Insert letter from Criteria list below which best describes the reason you would not apply for the job)

YES	NO		
___	___	Clerk-typist	_____
___	___	Secretary	_____
___	___	Dispatcher	_____
___	___	Records Manager/File Clerk	_____
___	___	Payables/Payroll Clerk	_____
___	___	Street Department, Maintenance Person	_____
___	___	Fleet Services/Mechanic	_____
___	___	Water Meter Reader	_____
___	___	Water Maintenance Person	_____
___	___	Water/Wastewater Plant Operator	_____
___	___	Wastewater Lift Station Maintenance Person	_____
___	___	Heavy Equipment Operator	_____
___	___	Police Officer	_____
___	___	Planner	_____
___	___	Planning & Zoning Technician	_____
___	___	Parks & Recreation Maintenance Person	_____

CRITERIA

- a) Lack of Training/Skills required
 - b) Wages too Low
 - c) Physical limitations
 - d) Peer pressure, opinion of others
 - e) Religion
 - f) Don't like the work
 - g) I consider this a traditional male job
 - h) I consider this a traditional female job
 - i) Other (Please describe - may be continued on back)
- _____
- _____