

Date Received:
Logged:
Copied:

Application for Employment CITY OF WILDWOOD, FLORIDA

Equal access to employment, services, and programs is available to all persons. Applicants requiring accommodation for the application and/or interview process should contact Human Resources. 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. EQUAL OPPORTUNITY EMPLOYER. PRE-EMPLOYMENT DRUG SCREEN MAY BE REQUIRED. An "at will" employer.

PLEASE PRINT LEGIBLY

Position(s) applied for _____ Date of Application _____

Referred By: Advertisement Employee Relative Government Employment Agency
 Private Employment Agency Walk in Other _____

Name _____
Last First Middle

Physical Address _____
Street City State Zip Code

Mailing Address _____
If different from above City State Zip Code

Telephone Number _____ Best Time to Call, If necessary _____

Fax Number _____ E-Mail Address _____

Do you have a current Florida Driver's License Yes No

Length of time at the above address _____. If less than 10 years, please list every physical address for the past 10 years

Address _____
Street City State Zip Code

Address _____
Street City State Zip Code

Address _____
Street City State Zip Code

Address _____
Street City State Zip Code

May we contact you at work Yes No If Yes, Work Number _____

Can you furnish a work permit, if under 18 Yes No Have you ever been bonded? Yes No

Have you filed an application here before? Yes No If Yes, Give Date _____

Have you ever been employed here before? Yes No If Yes, Give Dates: From _____ to _____

Are you on layoff, subject to recall? Yes No Are you legally eligible for employment Yes No
(Proof of US Citizenship or immigration status will be required upon employment)

Will you relocate if job requires it: Yes No Will you travel if job requires it? Yes No

Will you work overtime, if required? Yes No Are you able to meet the attendance requirements of the position? Yes No

Date available for work _____ Full time _____ Part time _____ Shift Work _____ Temporary _____

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: _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:(you may exclude memberships which would reveal sex, race, religion national origin, age ancestry, or handicap or other protected status) _____

INDICATE ANY LANGUAGES OTHER THAN ENGLISH YOU CAN SPEAK, READ OR WRITE:

| <u>LANGUAGE</u> | <u>SPEAK</u> | | | <u>READ</u> | | | <u>WRITE</u> | | |
|-----------------|---------------------------------|-------------------------------|-------------------------------|---------------------------------|-------------------------------|-------------------------------|---------------------------------|-------------------------------|-------------------------------|
| _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Fluent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |

REFERENCES

Three references who are NOT RELATED to you and are NOT PREVIOUS EMPLOYERS.

| | | | | | | |
|----|-------|------------------|----|--------------|-------|--------|
| 1. | _____ | _____ | OR | _____ | _____ | _____ |
| | Name | Address/City/Zip | | Phone number | Fax | E-mail |
| 2. | _____ | _____ | OR | _____ | _____ | _____ |
| | Name | Address/City/Zip | | Phone number | Fax | E-mail |
| 3. | _____ | _____ | OR | _____ | _____ | _____ |
| | Name | Address/City/Zip | | Phone number | Fax | E-mail |

EMPLOYMENT EXPERIENCE

Start with your **PRESENT OR MOST RECENT.** Include any job-related military service assignments. Provide a minimum of last six Employers OR the past 12 years of Employment experience. PLEASE PROVIDE DETAILED INFORMATION.

| | | | | |
|----|----------------------------------|----------------------------|-----------------------|-------|
| 1. | EMPLOYER _____ | _____ | _____ | _____ |
| | company name | address | phone number | |
| | _____ | _____ | _____ | _____ |
| | fax number | E-mail address | | |
| | Your job title: _____ | Dates Employed From: _____ | to _____ | |
| | Your immediate supervisor: _____ | Contact Person _____ | | |
| | Reason for leaving _____ | | | |
| | Pay rate/salary: Starting _____ | Final _____ | WORK PERFORMED: _____ | |
| | _____ | | | |
| | _____ | | | |
| 2. | EMPLOYER _____ | _____ | _____ | _____ |
| | company name | address | phone number | |
| | _____ | _____ | _____ | _____ |
| | fax number | E-mail address | | |
| | Your job title: _____ | Dates Employed From: _____ | to _____ | |
| | Your immediate supervisor: _____ | Contact Person _____ | | |
| | Reason for leaving _____ | | | |
| | Pay rate/salary: Starting _____ | Final _____ | WORK PERFORMED: _____ | |
| | _____ | | | |
| | _____ | | | |
| 3. | EMPLOYER _____ | _____ | _____ | _____ |
| | company name | address | phone number | |
| | _____ | _____ | _____ | _____ |
| | fax number | E-mail address | | |
| | Your job title: _____ | Dates Employed From: _____ | to _____ | |

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
- VALID FLORIDA DRIVER'S LICENSE

Required upon Conditional Offer of Employment:

- 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

PERSONAL INQUIRY WAIVER
Authority to Request Information

Must be signed by a NOTARY

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

I hereby authorize the CITY OF WILDWOOD, FLORIDA, to Inquire of my former employers and schools; and to conduct a background check of military, local, state, federal law enforcement, and credit agencies (when applicable) for the purpose of obtaining information concerning my work record, school record, military record, reputation and financial and credit status. This information may include medical, physical and mental records or reports and information of a confidential or privileged nature, and further authorize Photostats of same to be acquired. This information is to assist in determining my qualifications and fitness for the position I am seeking with the City of Wildwood, Florida.

Applicant's Signature

Date

Address

City State Zip

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF: _____

Sworn to (or affirmed) and Subscribed before me this _____ day of _____, 20_____

by _____, who is personally known to me or has presented

_____ as identification.
type of ID

s e a l

Signature _____

Printed Name _____

[_____]

Title _____

PERSONAL INQUIRY WAIVER
Authority for Release of Information

Must be signed by a NOTARY

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

I respectfully request and authorize you to furnish the CITY OF WILDWOOD, FLORIDA, any and all information that you have concerning my work record, school record, military record, reputation and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and Photostats of same, if requested. This information is to assist in determining my qualifications and fitness for the position I am seeking with the City of Wildwood, Florida.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature

Date

Address

City State Zip

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF: _____

Sworn to (or affirmed) and Subscribed before me this _____ day of _____, 20_____

by _____, who is personally known to me or has presented
_____ as identification.

_____ type of ID

s e a l

Signature _____

Printed Name _____

[_____]

Title _____



FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1 Enter Your Info PLEASE PRINT

NAME _____ SOCIAL SECURITY NUMBER _____

CURRENT AGENCY NAME _____ PREVIOUS AGENCY NAME _____

2 Confirm Prior Membership

Have you ever been a member of a State of Florida-administered retirement plan?

No, I have never been a member of a State of Florida-administered retirement plan.
If No, skip to section 4.

Yes, I have been a member of a State of Florida-administered retirement plan.
If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

FRS Pension Plan (including DROP) FRS Investment Plan

Senior Management Service Optional Annuity Program (SMSOAP) State Community College System Optional Retirement Program (SCCSORP)

State University System Optional Retirement Program (SUSORP) Other _____

3 Confirm Retiree Status

Are you retired from a State of Florida-administered plan? You are considered retired if:

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.
If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE _____

4 Sign Here

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

SIGNATURE

DATE

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan’s administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee’s personnel file. Do not send this form to the FRS, unless requested.

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