



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 \_\_\_\_\_



# 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.

**STOP HERE**

\_\_\_\_\_  
SIGNATURE DATE

II. I was a member of the following State of Florida administered retirement plan (also complete Section III or IV)<sup>1</sup>  
 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 7<sup>th</sup> 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 position<sup>2</sup> 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,<sup>3</sup> 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 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> 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 position<sup>2</sup> during the first 6 calendar months after I retired, I must repay<sup>5</sup> 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 7<sup>th</sup> through the 12<sup>th</sup> 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.<sup>4</sup>

\_\_\_\_\_  
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).

<sup>1</sup>If 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 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.  
<sup>3</sup>Florida 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.

<sup>4</sup>There 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 | 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              | _____   |