



# City of Pahokee

207 Begonia Dr, Pahokee, FL 33476 Phone: (561) 924-5534 Fax: (561) 924-8140

## Application for Employment

Please thoroughly complete application and attach a copy of documents required to determine minimum eligibility. Failure to do so, hinders our ability to properly assess eligibility thus eliminating your application for employment consideration.

The City of Pahokee does not engage in any form of unlawful discrimination. If you feel you have been discriminated against for any reason, please call this to the attention of the Director of Human Resources so that we may address your concern(s).

**NOTE:** All applicants are required to furnish proof of identity and legal work authorization within 3-days of appointment.

Position Applying For: \_\_\_\_\_  
(Please only list one position per application)

When are you available to start work? \_\_\_\_\_

Type of Employment desired?      Full Time        Part Time        Temporary   

Applicant's Full Name: \_\_\_\_\_

List any other names you have used or currently use, and the dates you used those names. Please use additional pages as necessary.

NAME	DATE USED

Residence Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

*Do you have a valid Driver's License that you will be able to produce upon offer of employment, for verification of driving privilege? YES    NO    If the position for which you are applying requires a valid driver's license, please provide driver's license information below:*

Driver's License #: \_\_\_\_\_ Type of License: \_\_\_\_\_

State Issued: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check the type of vehicles you are qualified, through experience to operate:

Passenger Car          Light Truck Heavy          Truck or Tractor   

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

**Names of relatives employed by the City of Pahokee and Department Names.**

Name	Department	Relationship

Have you ever been employed with the City of Pahokee?      YES       NO

If necessary for the job, I am able to work overtime?      YES       NO

**IF YES PLEASE LIST ALL POSITIONS HELD, DATES OF EMPLOYMENT, DEPARTMENT NAME, SUPERVISOR AND THE REASON FOR SEPARATION.**

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**EDUCATION**

Please include Name and Address of school, years attended, date graduated and degree obtained, if any. If more space is needed, please attach an additional page.

	Name & Location	Dates	Graduated (?)	Major Study/ Degree
<b>High School</b>				
<b>College</b>				
<b>Additional Education</b>				

**EMPLOYMENT**

Please list, beginning with your most recent employment (prior employer), any and all prior work experience you have had during the past 15 years. Be sure to account for any periods in which you have been unemployed. Please describe your job duties in full detail. If you are no longer employed, please explain reason for separation, (If separation was voluntary, state why. If terminated or involuntary separation, state reasons you were given).

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

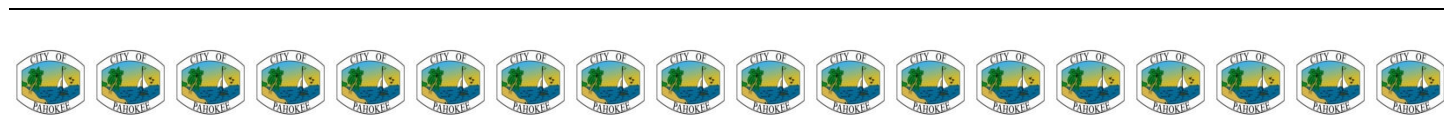
**Date Employed FROM:** \_\_\_\_\_ **Date Employed TO:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reasons for separation or seeking new employment:**



**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

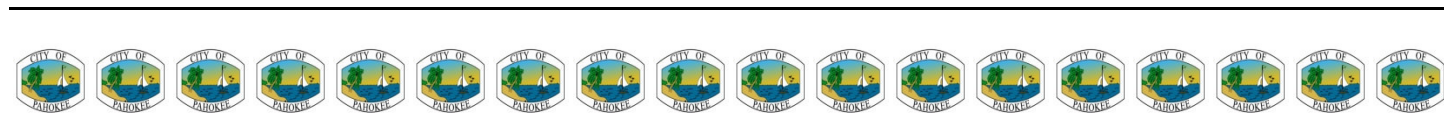
**Date Employed FROM:** \_\_\_\_\_ **Date Employed TO:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reasons for separation or seeking new employment:**



**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date Employed FROM:** \_\_\_\_\_ **Date Employed TO:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reasons for separation or seeking new employment:

\_\_\_\_\_



Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed FROM: \_\_\_\_\_

Date Employed TO: \_\_\_\_\_

Position Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reasons for separation or seeking new employment:

\_\_\_\_\_

**OTHER**

Please describe any other experiences or skills for which you feel qualify you for the position of which you have applied for with the City of Pahokee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Explain, In Your Own Words,**

Why would you like to work for the City of Pahokee, in what position, and what qualifications you may possess, or other reasons you may feel should be considered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STOP!**

1. Did you attach a copy of your driving history, if required? YES  NO
2. Did you attach a copy of your HS Diploma / GED, Degree or Applicable Training Certification, if required? YES  NO



***READ CAREFULLY AND INITIAL***



\_\_\_\_\_ **I UNDERSTAND** that this application will only be considered “active” for 1 year from the date of the application. I understand that I must notify the City of Pahokee in writing of the desire for my application to be considered for any additional positions available.

\_\_\_\_\_ **I ALSO UNDERSTAND** that all statements made on this employment application may be checked by the City of Pahokee, and I authorize such prior employers to answer any and all questions regarding my prior employment. I hereby indemnify the City of Pahokee and each of my prior employers and hold them harmless from any claims arising from such authorization.

\_\_\_\_\_ **I UNDERSTAND** further that any misstatements or omissions in this application may result in a decision not to hire, or discharge if discovered at any time after being hired.

\_\_\_\_\_ **IF EMPLOYED, I AGREE** to conform to the rules and regulations of the City of Pahokee.

\_\_\_\_\_ **I ACKNOWLEDGE** and **AGREE** that any time I am to subject to any type of discrimination or harassment, I will contact the City of Pahokee’s Human Resources Director or the City of Pahokee’s City Manager immediately to obtain assistance in the resolution of such matters.

\_\_\_\_\_ **I FURTHER ACKNOWLEDGE** and **AGREE** that upon receiving an offer of employment, I will be required to submit proof of authorization to work in the United States and that I may be required to submit other documentation necessary for any background checks required for the position for which I have applied.

\_\_\_\_\_ **I UNDERSTAND** that any offer of employment is conditional upon the verification of authorization to work in the United States and upon a successful background check.

\_\_\_\_\_ **I ACKNOWLEDGE** and **AGREE** that I must submit to, and successfully complete, a drug test in compliance with the City’s Drug Free Workplace Policy as a condition of employment.

\_\_\_\_\_ **I HEREBY REPRESENT AND WARRANT** that I have read or had the above statements read to me and fully understands the foregoing. I further state that I would like to continue the process to seek employment under the above stated guidelines of the City’s conditions of my own free will and accordance with my own judgment.

\_\_\_\_\_

**Applicants Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Witness**

\_\_\_\_\_

**Date**



## ATTENTION APPLICANT

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Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office must request your social security number for the specific purpose and for no other purpose as listed below, if your application is considered for further consideration:

To process and report wages pursuant to the Social Security Administration Act:

To report income pursuant to the Federal Department of Internal Revenue Service;

To initiate and process application or employee background checks to include consumer reports, educational institutions, government agencies companies, corporations and credit reporting agencies in compliance with the Fair Credit Reporting Act;

For Drug Screening Test Identification; and

To process your Employment Benefits.

Should you have any questions, please feel free to contact the Human Resources Department personnel.

Jacqueline Ramsay  
*Human Resources Manager*