



City of Wilton Manors

2020 Wilton Drive
 Wilton Manors, FL 33305
 (954) 390-2125

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write "N/A" (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and position title. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the City and will not be returned. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. The City of Wilton Manors collects your social security number for the following purposes: identification and verification, credit worthiness, data collection, tracking, benefit processing, tax reporting, and for other employment-related matters. Social security numbers are also used as a unique numeric identifier and may be used for search purposes. **THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.**

1. PRESENT LEGAL NAME

Last Name	First Name	M.I.
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2. SOCIAL SECURITY NUMBER

3. DATE AVAILABLE FOR EMPLOYMENT

If you require assistance with testing due to a disability, please notify our staff.

4. APPLYING FOR – (Check all responses that apply)

Full time
 Part time
 Temporary
 Seasonal

5. HOME TELEPHONE NUMBER

Area Code	Number
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OTHER TELEPHONE NUMBER

Area Code	Number
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6. DRIVERS LICENSE

Do you have a valid license? Yes No

License Type: Operator CDL _____ Class

Endorsement Code _____

License # _____ State _____ Exp. Date _____

7. PRESENT ADDRESS

Street Address	Apt. #	
City	State	Zip Code

How long have you lived at your present address? Years _____ Months _____

8. PREVIOUS ADDRESS

Street Address	Apt. #	
City	State	Zip Code

How long did you live at this address? Years _____ Months _____

9. EDUCATION AND SPECIAL TRAINING

High School Diploma (Check): Yes No If yes, date received: _____ / _____
 Month Year
 Equivalency – GED (Check): Yes No If yes, date received: _____ / _____
 Month Year

Name and location of last HIGH SCHOOL ATTENDED: _____
 Name City State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Dates Attended				Total Months Completed	Courses or Subject Taken	Certificates Given or Other Pertinent Information
	From		To				
	Mo.	Yr.	Mo.	Yr.			

List Colleges and Universities Attended Below:

Name and Location	Dates Attended				Credit Hours Received		Grade Point Average	Major/Minor Degree Field or Program of Study	Degree Received
	From		To		Sem.	Qtr.			
	Mo.	Yr.	Mo.	Yr.					

10. EMPLOYMENT RECORD – List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC – all or part of your rating may depend on the information you provide. If additional space is needed, please use continuation sheet. You may submit a resume in lieu of completing this section, providing it contains all the information requested. Periods of unemployment should be listed separately in Section 11. NOTE: We may contact previous employers to verify your descriptions of past duties.

May we contact your present employer regarding your record of employment? Yes ___ No ___

(Job 1) Present or Most Recent Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
 Starting Salary \$ _____ per _____
 Last Salary \$ _____ per _____

Employer _____
 Address _____
 Telephone Number _____
 Your Job Title _____
 Supervisor's Name and Title _____
 Reason for Leaving Position _____

Specific Duties:

Number of employees supervised (if applicable) _____

(Job 2)

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
 Starting Salary \$ _____ per _____
 Last Salary \$ _____ per _____

Employer _____
 Address _____
 Telephone Number _____
 Your Job Title _____
 Supervisor's Name and Title _____
 Reason for Leaving Position _____

Specific Duties:

Number of employees supervised (if applicable) _____

(Job 3)					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties:

Number of employees supervised (if applicable) _____

(Job 4)					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties:

Number of employees supervised (if applicable) _____

11. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

12. SPECIFIC SKILLS – List below the Job Number from your Employment Record (Section 10) and total number of months of experience in **skillfully** operating the equipment and/or total number or months of substantial experience in craft(s), trade(s), or technical profession(s).

No. of Mths.	Job No.	List of Office & Related Equipment Operated	No. of Mths.	Job No.	List of All Other Equipment Operated	No. of Mths.	Job No.	List of Crafts, Trades & Technical Professions

13. List membership(s) in professional, job-related organizations

14. List any active professional, technical, occupational licenses or certificates and registrations you now hold

15. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties

Equal Employment Opportunity Information Form

The following is requested on a voluntary basis. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, sexual orientation, gender identity, the presence of a non-job related medical condition or handicap, or any other legally protected status. Information provided on this form will not aid or hinder your chances of being employed.

Date: _____

Social Security No.: _____

Name: _____

Job/Position Applied for: _____

Date of Birth: _____

Sex: Female Male

Race/Ethnic Categories (check one)

WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK (not of Hispanic origin): all persons having origins in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, Japan, Korea, the Philippine Islands and Somoa.

AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

(OPTIONAL) If you are handicapped or disabled, please specify:

