

CITY OF WEST PALM BEACH



DEPARTMENT OF HUMAN RESOURCES
 P.O. Box 3366 • WEST PALM BEACH • FLORIDA 33402 • 561/659-8028
 www.cityofwpb.com • TV Channel 79
 EQUAL OPPORTUNITY EMPLOYER
 DRUG-FREE WORKPLACE

(Leave this space blank)

Approved by _____

Disapproved by _____

Reason _____

T & E _____

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS

- A. Print with ink or use typewriter. Complete both sides of this form.
- B. Answer all questions accurately and completely.
- C. Notify our office promptly of any change of address.
- D. False statements are cause for rejection of application, removal of name from eligible list, or dismissal from a position.
- E. A separate application is required for each job.

APPLICATIONS ACCEPTED FOR OPEN ADVERTISED POSITIONS ONLY.

POSITION APPLIED FOR (exact title): _____

NOTE: ALL APPLICANTS WILL BE REQUIRED TO FURNISH PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION UPON HIRE.

<p>1. Name: _____ Last First Initial Address _____ Number and Street City State Zip Code (Area Code) Phone Number E-Mail Address</p>	<p>5. Are you a present or previous City of West Palm Beach Employee? If yes, give dates: Yes <input type="checkbox"/> No <input type="checkbox"/> From: _____ To: _____ Dept. Division _____ Position: _____</p>
<p>2. Do you have a Valid Driver's License <input type="checkbox"/> yes <input type="checkbox"/> no (If required by position) Operators <input type="checkbox"/> CDL <input type="checkbox"/> Class _____ Has your license ever been suspended or Revoked? If yes, explain below under <input type="checkbox"/> yes <input type="checkbox"/> no Item No. 11</p>	<p>6. Are you related to anyone working for the City of West Palm Beach? If yes, give: Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Relationship: _____</p>
<p>3. Are you 18 years of age or over? Yes <input type="checkbox"/> No <input type="checkbox"/> If less than 18 what is your age? _____ If less than 18, do you have appropriate employment of age certificate? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>7. Are you requesting Veteran's Preference in accordance with Chapter 295, Florida Statutes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach copy of DD-214 and provide: Branch of Service: _____ Date of Entry: _____ Date of Discharge: _____</p>
<p>4. Social Security Number _____</p>	<p>8. As an adult, have you ever been convicted of a felony? NOTE: The type of offense and the nature of the position applied for are the only factors considered. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain under Item No. 11</p>

9. **EDUCATION**

	HIGH SCHOOL	COLLEGE
Circle highest grade completed	6 7 8 9 10 11 12	1 2 3 4 5 6 7 8
Do you have a high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Name and address of high school or G.E.D./Issuing Agency _____		

SCHOOL	NAME & ADDRESS	DID YOU GRADUATE	S/Q	MAJOR OR COURSE OF STUDY	CERTIFICATE DEGREE
Jr. College, Technical or Vocation School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate School		Yes <input type="checkbox"/> No <input type="checkbox"/>			

YOU WILL BE REQUIRED TO HAVE YOUR COLLEGE PROVIDE AN OFFICIAL TRANSCRIPT WITHIN THREE DAYS OF HIRE.

10. Software Applications: _____

11. Remarks: _____

12. **EXPERIENCE:** Please account for all employment within the last ten (10) years, including military services beginning with your current or most recent employer. In addition, list any other experience that is relevant to the position for which you are applying. You may include volunteer experience and internships. Resumes are welcomed but only as an addition to, not a substitute for this form. You may attach additional sheets as needed. **NOTE: Failure to complete this information may lead to disqualification of your application.**

FROM (Mo/Yr)	TITLE OF POSITION	COMPANY NAME	PHONE	NAME OF IMMEDIATE SUPERVISOR
TO (Mo/Yr)	ADDRESS - NUMBER AND STREET	CITY	STATE ZIP	REASON FOR LEAVING
SALARY	DESCRIPTION OF DUTIES			
HR <input type="checkbox"/>				
Mo <input type="checkbox"/>				
\$ _____ Yr <input type="checkbox"/>				
HOURS WORKED PER WEEK:				
TYPE OF BUSINESS:				

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TO (Mo/Yr)	ADDRESS - NUMBER AND STREET	CITY	STATE ZIP	REASON FOR LEAVING
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SALARY	DESCRIPTION OF DUTIES			
HR <input type="checkbox"/>				
Mo <input type="checkbox"/>				
\$ _____ Yr <input type="checkbox"/>				
HOURS WORKED PER WEEK:				
TYPE OF BUSINESS:				

NOTE: If you need to add more information regarding experience, you may attach plain sheets and use the format shown above.

I CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I hereby authorize the Human Resources Department to verify any of this information to determine my capabilities for employment, and authorize release of information from my previous employers concerning my job performance. I understand that any statements found not to be materially correct constitute grounds for my dismissal.

PRINT NAME

SIGNATURE

DATE

APPLICATION MUST BE SIGNED AND DATED TO BE ACCEPTED FOR PROCESSING