



# VILLAGE OF PALM SPRINGS

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Human Resources  
226 Cypress Lane  
Palm Springs, FL 33461

**INSTRUCTIONS:** Please type or print the application in ink. **ANSWER ALL QUESTIONS.** If a question does not apply, write "Not Applicable" or "N/A." You may include a resume or other job-related documentation as a supplement to this application. However, you must provide all information requested in the application. If additional space is needed, please use a blank sheet of paper, and be sure to include your name on each additional sheet.

Position Applied For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

How Did You Hear About This Position? \_\_\_\_\_

**EDUCATION: \*\*\*\*Please attach copies of High School diploma, GED, Degrees, Certifications, etc.\*\*\*\***

NAME AND LOCATION OF INSTITUTION	MAJOR/ COURSE OF STUDY	DEGREE RECEIVED	DID YOU GRADUATE?	
<u>HIGH SCHOOL:</u>			Diploma G.E.D.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>COLLEGE/UNIVERSITY:</u>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>OTHER EDUCATION/TRAINING:</u>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

**BACKGROUND INFORMATION:**

Are you a citizen of the U.S.? Yes  No . If "No," do you possess one of the following: An I-151 card, I-551 card, I-94 card stamped "Employment Authorized," or any other proof of employment authorization from the Immigration and Naturalization Service? Yes  No . If yes, please attach copy of documents.

Have you ever been convicted of a felony or first-degree misdemeanor, pled "Nolo Contendere," or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes  No . If yes, please give dates, city and state, charges, and disposition of the case:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT:** Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_

**DRIVER'S LICENSE**

State of Issuance: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Type:  A  B  C  D  E      Endorsement(s):  N  P  H  X  E

**MILITARY/VETERANS' PREFERENCE**

Are you now or have you ever been a member of any branch of the military service, Reserves or National Guard? Yes  No . (If yes, complete the remainder of this section. If no, please skip to the next section).

Branch:	Dates of Service: Mo/Yr      From:      To:	Type of Discharge:
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Were you ever the subject of disciplinary action? YES  NO . (If yes, provide the date, details of the offense and type of disciplinary action:  
\_\_\_\_\_  
\_\_\_\_\_

Are you claiming Veterans' Preference for the position in which you are applying? YES  NO . If yes, check the appropriate information below AND provide a clear copy of your DD214 to substantiate your claim. The DD214 must be furnished at the time of application. Police and Fire applicants must submit a DD214 for EACH tour of duty.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or
- 2. The spouse of veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned by a foreign power, or
- 3. A veteran of any war\*, who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

HAVE YOU CLAIMED AND BEEN EMPLOYED THROUGH VETERANS' PREFERENCE SINCE OCTOBER 1, 1987? YES  NO . IF YES, NAME OF EMPLOYER \_\_\_\_\_

\*NOTE: Under Florida Law, preference in appointment shall be given for covered City positions, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days from the date the applicant received notice that a hiring decision was made by the employing agency or within 3 months of the date the application is filed with the employer, if no notice is given.

**LAW ENFORCEMENT FLAG/PUBLIC RECORDS**

Florida Statute 119.071 provides exemptions from public inspection of certain records for active and former public safety personnel including police and certified firefighters, code inspectors and code enforcement officers and their families. Do you and/or your spouse fall into one of the aforementioned categories? YES  NO .

Have you ever worked for the Village of Palm Springs: YES  NO . If yes, please state:

Last Date of Employment: \_\_\_\_\_ Last Department Employed: \_\_\_\_\_

Do you have any relative(s), either by blood or by marriage, who is/are employed by the Village of Palm Springs? YES  NO . Relatives include: Father, Mother, Son, Daughter, Brother, Sister, Uncle, Aunt, First Cousin, Nephew, Niece, Husband, Wife, Father-In-Law, Mother-In-Law, Son-In-Law, Daughter-In-Law, Brother-In-Law, Sister-In-Law, Stepfather, Stepmother, Stepson, Stepdaughter, Stepbrother, Stepsister, Half Brother, or Half Sister. If so, please list below:

NAME	RELATIONSHIP	DEPARTMENT EMPLOYED

**EMPLOYMENT HISTORY:**

On the following page, please list all full and part-time paid work experience. Starting with the most recent position and working back at least ten (10) years. Major changes in duties or job titles with the same employer should be listed as separate positions. If necessary, use additional sheets in the same format. **Resumes may not substitute for any information requested on this application, but may be submitted in addition to a completed application.**

**Present or Most Recent Job**

Name of Present or Last Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May We Contact Your Current Employer?  Yes  No

**Previous Job**

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Previous Job**

Name of Present or Last Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Previous Job**

Name of Present or Last Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Current/Final Salary: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\*Attach additional sheets if necessary

**List All Periods of Unemployment and Any Relevant Volunteer Work in the Past 10 Years**

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

**PROFESSIONAL REFERENCES:**

List three professional references that can attest to your character, ability, etc. Please give complete addresses and phone numbers (including City, State, Zip Code, and Area Code). **Do not include relatives.**

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_
2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_
3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that the Village of Palm Springs is an Equal Opportunity Employer and does not discriminate in employment or in any Personnel action, and that no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by law.

I understand that the Village of Palm Springs, is in no way obligated to provide employment, nor am I obligated to accept employment.

I understand that this application will remain in the Village's active file for six (6) months, and that I am responsible for updating my application, including any changes in my address, phone number, employment history, etc.

I agree to voluntarily consent to any lawfully administered post-offer physical examination, drug and alcohol screening.

I understand that should I become an employee, that upon termination of employment, I will return all Village-owned property issued to me by the Village of Palm Springs.

**APPLICANT CERTIFICATION:** I have read and understand all the instructions and certify that all answers and statements on this application are true to the best of my knowledge. I understand that falsification of information on this application, related employment papers, and during all interviews may result in rejection of my application and, if employed, may result in disciplinary action up to and including termination of my employment.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The Village of Palm Springs does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status or non-disqualifying disability in employment or personnel practices. In accordance with the guidelines set forth in the Americans with Disabilities Act of 1990, employment applicants in need of assistance or special accommodation to apply for a position must inform the Human Resources Division.



# VILLAGE OF PALM SPRINGS

## EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The following information is requested for Equal Employment Opportunity record keeping and statistical reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, and amended by the Equal Employment Opportunity Act of 1972, Section 709 (c).

**THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION AND WILL BE REMOVED AND MAINTAINED IN A SEPARATE FILE.**

Application Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Sex:            Male             Female             Date of Birth: \_\_\_\_\_

National Origin: (Please check only one)

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native