



POLK CITY

APPLICATION FOR EMPLOYMENT

123 Broadway Boulevard SE, Polk City, Florida 33868

Polk City is an Equal Employment Opportunity/Affirmative Action Employer

Phone: (863) 984-1375

Fax: (863) 984-2334

www.mypolkcity.org

**Please type or print legibly. It is necessary to answer each question as completely as possible EVEN IF YOU ATTACH A RESUME.
A separate application is require for each position. ***

*You may submit copies of your application, but you must provide an original signature, position title, and vacancy number on each copy.

Position Information

Position Applying For:

Vacancy Number:

Division:

Personal Information

Last Name:

First Name:

Mailing Address:

City, State:

Email Address:

Fax Number:

Day Phone Number:

Message Phone Number:

Answering yes to any of the questions below will not automatically disqualify you from employment. Each case will be assessed on its relevance to a hiring decision.

Have you ever been convicted of or pled guilty to an offense as an adult, including DUI and reckless driving offenses (excluding minor traffic violations)?

Yes

No

If yes, Please explain:

Have you ever been suspended, fired, or asked to resign?

Yes

No

If yes, please explain:

Do you have the legal right to work in the U.S.?

Yes

No

If yes, proof of work eligibility will be required.

Have you ever served on active duty (excluding training as a reservist or guardsman) in the U.S. military services?

Yes

No

If yes, Branch of Service:

Dates Served:

Honorable Discharge:

Do you currently work for the Polk City? If yes, please indicate title and department:

Yes

No

Have you previously worked for the Polk City?

Yes

No

If yes, please indicate date(s) and position(s) held:

Do you have any relatives employed by the Polk City? If yes, please indicate their job title and relationship to you: Yes No

Do you speak a foreign language? If yes, please indicate what language: Yes No

What are your minimum salary requirements?

How did you first learn about this employment opportunity?

Driver's License #: None Class: State:

Do you have a valid Commercial Driver's License (CDL)? If yes, please list endorsements and the expiration date: Yes No

If yes, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a DOT – covered employer to which you applied for, but did not obtain, a CDL job during the last two years? Yes No
If yes, please explain:

Educational Information

Name and Location (City/State) of last high school:

Indicate last grade completed in high school 9 10 11 12 GED

Name and Location (City/State) of College/University/Other Schools	Dates Attended		Number of Credit Hours Completed	Type of Degree Earned (If Acquired)	Curriculum / Major
	From: mm/yy	To: mm/yy			

List any courses or workshops you have attended that relate to the job for which you are applying:

Other Important Information

Please check the box if you have experience and indicate how many years: Microsoft WORD <input type="checkbox"/> Microsoft POWERPOINT <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/>	Microsoft EXCEL <input type="checkbox"/> Microsoft ACCESS <input type="checkbox"/> Internet <input type="checkbox"/>	Word Processing
		No. WPM

List any other equipment you can operate (hand tools, machinery, etc.) and years of experience:

List professional organizations, affiliations, certificates, and/or honors:

Employment History

This section must be fully completed even if a resume is attached.
(Beginning with present or last position held)

Employer Name and Information

From: mm/yy	To: mm/yy	Employer Name:	Position Title:	
Full-time		Address:	Starting Salary:	Ending Salary:
Part-time No. hrs./week		City, State, Zip	Phone Number:	Supervisor's Name

Duties and Responsibilities:

Reason for Leaving:

Employer Name and Information

From: mm/yy	To: mm/yy	Employer Name:	Position Title:	
Full-time		Address:	Starting Salary:	Ending Salary:
Part-time No. hrs./week		City, State, Zip	Phone Number:	Supervisor's Name:

Duties and Responsibilities:

Reason for Leaving:

Employer Name and Information

From: mm/yy	To: mm/yy	Employer Name:	Position Title:	
Full-time		Address:	Starting Salary:	Ending Salary:
Part-time No. hrs./week		City, State, Zip	Phone Number:	Supervisor's Name:

Duties and Responsibilities:

Reason for Leaving:

Employer Name and Information

From: mm/yy	To: mm/yy	Employer Name:	Position Title:	
Full-time		Address:	Starting Salary:	Ending Salary:
Part-time No. hrs./week		City, State, Zip	Phone Number:	Supervisor's Name:

Duties and Responsibilities:

If you need more space for Employment History, please photocopy this page.

Reason for Leaving:

Additional Information

Please explain your reasons for interest in this position. Also provide any additional information which may more fully describe your qualifications, experience, and education.

References

List three persons other than relatives or supervisors who can attest to your character and ability regarding the position for which you are applying.

Name:	Title/Occupation:	Years Known
Address:	Phone Number:	
Name:	Title/Occupation:	Years Known
Address:	Phone Number:	
Name:	Title/Occupation:	Years Known
Address:	Phone Number:	

Conditions of Employment

Please read carefully before signing.
You must sign this statement to be considered for employment.

I, the undersigned, certify that all information given by me in this application is true. I understand that false information (misrepresentation or omission of information) will disqualify me from employment or cause my subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize the employers and/or references listed to release any and all information concerning my current and previous employment and any pertinent information. Additionally, I release all parties from any liability for any damages that may result from furnishing such information. In submitting this application, I further understand that all application materials provided become public record and property of Polk City and will not be returned. Public records are required by law to be made available during normal business hours to any person, including the news media.

Applicant's Signature: _____ Date: _____

This application may be made available in an alternative format upon request by calling the Human Resources Office at (863)-984-1375 x 238.



Recruitment Analysis Survey

We would like your participation in completing this voluntary survey. This information allows us to determine if City job openings are reaching all segments of the community. This data will remain confidential and will not be shared with the hiring manager. Your participation is appreciated and extremely helpful. Thank you for your interest in Polk City.

First Name: _____ **Last Name:** _____

Position Title: _____

Vacancy #: _____

Gender: Male Female

Ethnicity:

- White (not of Hispanic origin): All persons having origins in any of the original people 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/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, and Samoa.
- 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.

Veteran:

- | | |
|--|---|
| <input type="checkbox"/> No Military Service | <input type="checkbox"/> Disabled Vietnam Era Veteran |
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran- Other |
| <input type="checkbox"/> Veteran- Other | |

Are you an individual with a disability: Yes No

Age:

- | | |
|--|--|
| <input type="checkbox"/> 15-24 years old | <input type="checkbox"/> 45-54 years old |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 55 years old or greater |
| <input type="checkbox"/> 35-44 years old | |

How did you first learn of this job opening?

- | | |
|--|---|
| <input type="checkbox"/> City Hall Posting Board | <input type="checkbox"/> Newspaper: _____ |
| <input type="checkbox"/> City Job Line | <input type="checkbox"/> Website: _____ |
| <input type="checkbox"/> City Employee | <input type="checkbox"/> Other: _____ |