

City of Lake Butler EMPLOYMENT APPLICATION

Equal Opportunity Employer

 Available on the Internet at: cityoflakebutler.org

FOR OFFICIAL USE ONLY

Date Received:

POSITION APPLIED FOR HOW DO WE CONTACT YOU? Position: Name: Address: City/State/Zip: Phone: Email: Minimum Acceptable Salary: ___ **HIGH SCHOOL:** NAME/ADDRESS OF SCHOOL None RECEIVED: Diploma Other (specify) YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED) DATES OF MAJOR/MINOR TYPE OF DEGREE CREDIT ATTENDANCE COURSE OF **HOURS** NAME OF SCHOOL LOCATION (MONTH/YEAR) **EARNED** STUDY EARNED FROM QTR YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.) DATES OF TRAINING CREDIT COURSE OF STUDY HOURS COMPLETED? NAME OF SCHOOL LOCATION (MONTH/YEAR) **EARNED** FROM TO CLASS CLOCK YES NO YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, Etc. LICENSE, REGISTRATION OR CERTIFICATION: Number **Date Received Expiration Date** State Licensing Agency

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Provide an explanation of any gaps in employment.** If needed, attach additional sheets, using the same format as on the application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section **must** be completed.

1	
Name of Present or Last Employer:	
Address:	Phone No.: ()
Your Job Title:	Supervisor's Name:
FROM:/ / TO:/ / YEAR TO:/ / YEAR	HOURS PER WEEK:
Duties and Responsibilities:	
Reason For Leaving:	
Name of Next Previous Employer:	
Address:	Phone No.: ()
Your Job Title:	Supervisor's Name:
	HOURS PER WEEK
MONTH DAY YEAR MONTH DAY YEAR	YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities:	
Reason For Leaving:	
Name of Next Previous Employer	
Manie di Noxi i levicus Empleyon	
Address:	
Your Job Title:	Supervisor's Name:
FROM:/ / TO:/ / YEAR TO:/ / YEAR	HOURS PER WEEK: YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities:	
-	
-	
	
Reason For Leaving:	
Trouble Tourist	

Name of Next Previous Employer:			
Address:	Phone No.: ()		
Your Job Title:			
FROM:/	WEEK:		
Duties and Responsibilities:			
Reason For Leaving:			
5 Name of Novt Provious Employer:			
Name of Next Flevious Employer.			
Address:			
Your Job Title:			
MONTH DAY YEAR MONTH DAY YEAR	WEEK:		
Month DAY YEAR MONTH DAY YEAR Duties and Responsibilities:	YOUR NAME IF DIFFERENT DURING EMPLOYMENT		
MONTH DAY YEAR MONTH DAY YEAR	YOUR NAME IF DIFFERENT DURING EMPLOYMENT		
MONTH DAY YEAR MONTH DAY YEAR	YOUR NAME IF DIFFERENT DURING EMPLOYMENT		
MONTH DAY YEAR MONTH DAY YEAR	YOUR NAME IF DIFFERENT DURING EMPLOYMENT		
MONTH DAY YEAR MONTH DAY YEAR	YOUR NAME IF DIFFERENT DURING EMPLOYMENT		
MONTH DAY YEAR MONTH DAY YEAR	YOUR NAME IF DIFFERENT DURING EMPLOYMENT		

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

- 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. Department of Veterans' Affairs and the Department of Defense, or
- 2. The spouse of a 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 by a foreign power, or
- 3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or comparable document which serves as a certificate of release or discharge claim **must be furnished at the time of application**. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A. C. Wartime periods are defined in §.1.01(14), F.S. Veterans' Preference shall expire after an eligible person has been employed by any state or agency of a political subdivision of that state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference does not apply to retired-for-longevity military personnel when a competitive examination is used. However, retired military personnel with a compensable disability are eligible, regardless of whether a competitive examination is used.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant ssistant and statewide prosecutors, and certain investigators in the Department of Children and Families [SEE §		
solution and statemed procedures, and certain investigators in the Department of Children and Fallilles [OLL 9		· ·
BACKGROUND INFORMATION IAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?	YES	□no
"YES", what charges? Date of Conviction		
IAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A IRST DEGREE MISDEMEANOR?	YES	□no
"YES", what charges? Date		
IAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A IRST DEGREE MISDEMEANOR?	YES	□NO
"YES", what charges?		
OTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity a position for which you are applying are considered.		
OTE: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is movide proof of citizenship or authorization to work in the U.S. RELATIVES	nade, you will be red	quired to
O YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?	YES	NO
SELECTIVE SERVICE SYSTEM REGISTRATION FYOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION?	YES	□no
CERTIFICATION I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencie investigators, personnel staff, and other authorized employees of Florida state government for employment purpose during my employment if I am hired. I understand that applications submitted for state employment are public record and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in SIGNATURE:	Bby law. I consent the set and other individuals. This consent surds. I certify that to a good faith.	to the release of informatio viduals and organizations t shall continue to be effectiv
VETERANS' PREFERENCE CLAIM (Please see instructions on page 3) YOUR NAME IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?		· <u> </u>
[[Please indicate number from Veterans' Preference Information section on page 3] Have you ever been employed by any state or any of its political subdivisions (such as counties or cities) prior	to the date on th	nis application? YES