



City of Homestead
100 Civic Court
Homestead, Florida 33030
Application for Employment

The City of Homestead is an equal employment opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, disability, national origin, sexual orientation, marital status, familial status, veteran status, or genetic information.

Please complete in ink. Employment with the City of Homestead may require working weekends, shifts, and Holidays.
 Are you able to work: (check all that apply)

- Full Time Part-Time Shifts Evenings Weekends Holidays Temporary

Position applied for: <i>(You could list more than one position)</i>	Date of Application
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How did you learn about the City of Homestead?

Advertisement Walk-In Other
 Employment Agency Friend Relative

Last Name	First Name	Middle Name
Street Address	City	State
Phone No.: Home: () _____		Phone No.: Cellular: () _____
Email:		

Do you have a Driver's License: Operator Class E Commercial Driver's License (CDL) None

Driver License No: _____ State: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever interviewed for a position with the City of Homestead? Yes No
 If "Yes" give job title and approximate date: _____

Have you ever been employed by the City of Homestead? Yes No
 If "Yes" give dates of employment and title: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

If hired, can you provide proof that you are authorized to work in the United States? *(Proof of citizenship or immigration status will be required upon employment)* Yes No

Do you have any friends or relatives employed by the City of Homestead? Yes No
 If so, indicate name and relationship: _____

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a crime? Yes No
 If "Yes", please explain *(Note: This will not automatically disqualify an applicant from employment)*

EMPLOYMENT EXPERIENCE - (This section must be completed for consideration)

Although a resume may be attached, this page must be **FULLY** completed for consideration. List the names of your present and previous employers in chronological order starting with the present or most recent employer. Be sure to account for all periods of time including military service and any periods of unemployment. Use additional pages if needed.

Employer		Address		Phone#
Job Title			Length of Services (Specify Dates) From: To:	Hourly Rate/Salary
Supervisor's Name	Supervisor's Phone	Reason for Leaving		
Duties Performed:				

Employer		Address		Phone#
Job Title			Length of Services (Specify Dates) From: To:	Hourly Rate/Salary
Supervisor's Name	Supervisor's Phone	Reason for Leaving		
Duties Performed:				

Employer		Address		Phone#
Job Title			Length of Services (Specify Dates) From: To:	Hourly Rate/Salary
Supervisor's Name	Supervisor's Phone	Reason for Leaving		
Duties Performed:				

Employer		Address		Phone#
Job Title			Length of Services (Specify Dates) From: To:	Hourly Rate/Salary
Supervisor's Name	Supervisor's Phone	Reason for Leaving		
Duties Performed:				

EDUCATION

	Name	Diploma/Degree	Course Study
High School			
Undergraduate College/University			
Graduate School			

Technical/Special Training – Describe specialized training, apprenticeship, and extra – curricular activities relating to the position applying for.

Describe any volunteer activities that have developed job skills.

Describe any honors you have received.

List professional, trade, business or civic activities, and offices relating to the position applying for that you have held.
(Exclude memberships which indicate sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

Are you able to perform all the essential functions of the job for which you applied? Yes No

If “No” is there a reasonable accommodation that can be made?

FOREIGN LANGUAGES

Indicate language(s) you speak, read, and write. Check if you speak the language(s) fluently, good, or fair.

	Language(s)	Fluent	Good	Fair
Speak				
Read				
Write				

REFERENCES

Give name, address and phone number of three references who are not related to you and are not previous employers.

Name	Address	Phone Number

MILITARY SERVICE

Have you ever served in U.S. Military? Yes No

If “yes”, please indicate branch, rank, dates of active duty, occupation, and type of discharge.

VETERANS' PREFERENCE

Are you claiming Veterans' Preference? Yes No

If “Yes”, you must complete the attached Application for Veteran's Employment Preference Form

AUTHORIZATION AND CONSENT FORM

I certify that answers given herein are true and complete to the best of my knowledge. I hereby authorize you to investigate the accuracy of the information contained in this application for employment, my resume, or any other information I provide. I further authorize you to make such investigations and inquiries of my employment, education, financial, personal, and other related matters as may be necessary in arriving at an employment decision. I release the City of Homestead (City) and all employers, schools, organizations, or persons from all claims and liabilities of any nature arising from such investigation or information given. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Homestead.

I do hereby voluntarily agree to undergo a urinalysis test for drug and alcohol at a laboratory chosen by the City, and by signing below will release the City from liability. I do hereby give my consent to release results of this testing to the City to be used as part of my application process for employment. (Any applicant with positive test results will be denied employment at that time, but may initiate inquiry after six months). The City will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol which prevents employees from properly performing their jobs that the City will not tolerate.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the City constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In consideration for my employment I agree to conform to the rules and regulations of the City. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the City's sole option and without prior notice to me.

Printed Name of Applicant

Date

Signature of Applicant (Must be in ink)

NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USAGE

In compliance with Florida Statutes §119.071(5), the City of Homestead Human Resources Department collects and uses your Social Security number only for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing an Employment Application/Packet;
- Completing and processing Federal I-9 (Employment Eligibility Verification Form);
- Completing and processing Federal W4, W2 and 1099 (tax forms);
- Completing and processing Federal Social Security taxes;
- Completing and processing Quarterly Unemployment Reports;
- Completing and processing Federal and State Employee and Educational Reports;
- Completing and processing Direct Deposit transactions;
- Completing and processing group health, life and dental coverage enrollment;
- Completing and processing Supplemental Insurance Deduction Reports;
- Completing and processing Workers' Compensation Claims;
- Completing the employee's background screening and validating the employee's educational credentials;
- Completing and processing Retirement Contribution Reports;
- Processing retirement benefits;
- Processing employee benefits;
- Any other reason that is determined imperative for the performance of the City's duties and responsibilities, as prescribed by law;
- Any other reason specifically authorized by law to do so.

NOTIFICATION

Providing a Social Security number is a condition of employment at the City of Homestead.

The City may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The City may not deny a commercial entity engaged in the performance of a commercial activity access to Social Security numbers, provided the Social Security numbers will be used only in the performance of a commercial activity, and provided the commercial entity makes a written request for the Social Security numbers.

I understand the above information and have been given a copy of this document.

Printed Name of Applicant

Date

Signature of Applicant (Must be in ink)

DISCLOSURE STATEMENT

PURSUANT TO FAIR CREDIT REPORTING ACT (FCRA)

By this document [the City of Homestead] discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or any time during your employment (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C. § 1681 et seq.

AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

I HEREBY authorize [the City of Homestead] or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to [the City of Homestead] I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to [the City of Homestead], a copy of this Authorization will be provided to me.

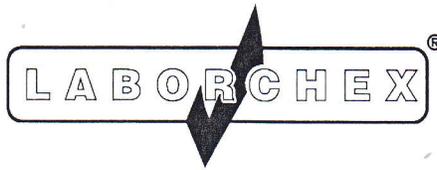
_____ Date: _____ Time: _____

Print Name:

Signature: _____

CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS ONLY:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report concerning me that is requested.



ORDER TRANSMITTAL SHEET

EMAIL TO: orders@laborchex.com

Please complete this form and submit it with any order that is Emailed to us for processing. The Authorization signed by the applicant (or current employee) should accompany this sheet.

CLIENT NAME: City of Homestead

I warrant that I have been fully authorized by the Client named above to submit this background investigation request and make the certifications herein. In placing this order on behalf of Client, I hereby certify to Laborchex that (1) the requested consumer report is being ordered solely for employment purposes and for no other purpose; (2) the information obtained will not be used in violation of any federal or state equal opportunity law or regulation; (3) prior to ordering or causing the report to be ordered Client: (i) has made a clear and conspicuous disclosure in writing to the consumer/applicant, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and (ii) has obtained the consumer/applicant's written authorization to obtain the report. Client further certifies to Laborchex that prior to taking any adverse action based in whole or in part on the report, Client will provide the following to the consumer/applicant: (a) a copy of the consumer report; (b) a copy of the document named a "Summary of Your Rights Under the Fair Credit Reporting Act" previously provided to Client by Laborchex, and (c) a Pre-Adverse Action notification (a letter that notifies Consumer that you may take adverse action based on the report, and are providing him/her a sufficient amount of time before taking adverse action to dispute any information contained in the Consumer Report, prior to your final adverse action decision). Client also certifies that, in the event an investigative consumer report is being ordered, the Client has made the additional disclosure that the consumer has the right upon written request to Client to be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. Client also certifies that, in the event a worker's compensation history report is being ordered, in compliance with the Americans with Disabilities Act, the Client has already made a contingent offer of employment, and is investigating worker's compensation history solely to determine that the consumer is not being hired for a position or assigned a job function that could aggravate a previous injury.

I understand that submitting this request without the authorization of Client and without complying with the aforementioned legal requirements is a violation of federal law that can result in irreparable damages to both Client and to Laborchex, Inc. I agree not to sell, disseminate, or otherwise distribute in whole or in part, any information provided by Laborchex, Inc. to any third party. I will order, receive and use information provided by Laborchex, Inc. solely as an end user, and shall not request or use information obtained from Laborchex, Inc. for purposes not permitted by law. The laws and regulations governing fair practices include, but are not limited to, the Fair Credit Reporting Act (FCRA), and it states' analogues and statutes; the Americans with Disabilities Act (ADA) and it states' analogues and statutes; and Drivers Privacy Protection Act (DPPA) and its states' analogues and statutes; and Title VII of the Civil Rights Act of 1964.

CLIENT SIGNATURE BY: PRINT NAME DATE:

APPLICANT NAME: SSN: ** DOB:

ADDRESS:

DRIVER'S LICENSE #: STATE OF ISSUANCE:

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

- Previous Employment Verification*
D.O.T. (Special Screening for Commercial Drivers)*
Education Verification*
Professional/Personal References*
Professional License & Credential Check*
Official Education Transcripts*
CRIMINAL RECORD CHECKS (list jurisdictions below)
CrimeChexPLUS Multi-State Criminal Index Check
List Criminal Record Jurisdictions To Be Checked Here:
National Address Search & Social Security # Validation
Workers' Compensation* (x)
Employment Credit Report* (x)
Nationwide Federal Violations Criminal Record Check

* For these levels of screening, please include the completed job application in this transmittal. **Date of birth is being requested for identification purposes only in obtaining accurate retrieval of records and will not be used for discriminatory purposes. (x) When permitted by state law.

APPLICATION FOR VETERANS' EMPLOYMENT PREFERENCE

****Complete ONLY if you are claiming Veterans' Preference****

(Available only to Florida residents)

Applicant Full Name: _____

Position Applied for: _____

Check the appropriate below box if you are claiming Veterans' Preference:

- 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 ("DVA") and the Department of Defense ("DoD").
 - Provide copy of DD-214 or equivalent from the DVA showing military status, dates of service, discharge type; and copy of document from the DoD, DVA or Florida Department of Veterans' Affairs ("VA") certifying the veteran has a compensable service connected disability.

- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained in line of duty by a foreign power.
 - Spouses of disabled veterans must provide copy of spouse's DD-214 or equivalent from the DVA showing military status, dates of service, discharge type; copy of document from the DoD or DVA certifying the veteran is totally and permanently disabled or an identification card issued by the VA; copy of marriage certificate; and proof that the veteran cannot qualify for employment because of the service-connected disability.
 - Spouses of persons on active duty must provide a document from the DoD or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty or forcibly detained by a foreign power and copy of marriage certificate.

- 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 a veteran who has served in a campaign or expedition for which a qualifying badge or expeditionary medal has been authorized. Wartime periods are defined in Section 1.01, Florida Statutes.
 - Provide copy of DD-214 or equivalent from the DVA showing military status, dates of service, discharge type.

- 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
 - Spouse must provide a document from the DoD or the DVA certifying the service-connected death of the veteran; copy of marriage certificate; and a statement that spouse is not re-married.

Supporting documents must be furnished to the City's Human Resource office by the "Closing Date" indicated on the position posting/advertisement.

If any 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, 9500 Bay Pines Boulevard, Room 214, St. Petersburg, Florida, 33708. A complaint shall be filed within 21 days from the date that notice of the hiring decision is received by the applicant or within 3 calendar months of the date the application was received by the City, if no notice is given.

Applicant Signature _____

Date: _____

Veteran's Name: _____
(If different from applicant)

VOLUNTARY SURVEY

Equal Opportunity Employer Information

The City of Homestead is an equal opportunity employer and it complies with Government regulations regarding equal employment. To assist us in our continuing efforts to do so, the information below is compiled on an on-going basis. Your cooperation in completing this page is voluntary. Inclusion or exclusion of any information on this form will not affect any employment decision. This form is removed from the application upon submittal to the City of Homestead and is kept in a separate file.

Date of Application: _____

Applicant's Name: _____

Applicant's Address: _____

Position Applied For: _____

Check One:

Male Female

Check One:

White Black American Indian/Alaskan Native

Hispanic or Latino Asian

Native Hawaiian or other Pacific Islander

Other _____

Check if any of the following if applicable:

Veteran

Disabled Veteran

Disabled Individual