APPLICATION FOR EMPLOYMENT
CITY OF SPRINGFIELD, FLORIDA

DATE _____

S.S. # ☐ ☐ ☐

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age in respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the Americans With Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE UNITED STATES? ☐ YES ☐ NO. ARE YOU 18 YEARS OR OLDER ☐ YES ☐ NO

POSITION APPLIED FOR REFERRED BY

Have you ever applied to the City of Springfield before? ☐ YES ☐ NO IF YES, WHEN? _____

WOULD YOU PREFER TO WORK ☐ FULL TIME ☐ PART TIME ☐ TEMPORARY DATE AVAILABLE _____

ARE YOU EMPLOYED NOW ☐ YES ☐ NO SALARY DESIRED _____ PHONE: _____

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? ☐ YES ☐ NO

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? ☐ YES ☐ NO IF NOT PLEASE LIST THE EMPLOYERS WE MAY CONTACT. _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.

U.S. ARMED FORCES ☐ YES ☐ NO IF YES, BRANCH _____ RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

Convictions will not necessarily disqualify you from employment.

IN CASE OF EMERGENCY, NOTIFY: _____
NAME

NAME: ADDRESS: PHONE:

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR SCHOOL			☐ YES ☐ NO	
HIGH SCHOOL			☐ YES ☐ NO	
COLLEGE			☐ YES ☐ NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			☐ YES ☐ NO	

LAST FIRST MIDDLE

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (List last three employers, most recent first)

EMPLOYER #1		DATES EMPLOYED		DUTIES
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER #2		DATES EMPLOYED		DUTIES
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER #3		DATES EMPLOYED		DUTIES
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME AND ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
NAME			
STREET ADDRESS	CITY	STATE	ZIP
NAME			
STREET ADDRESS	CITY	STATE	ZIP
NAME			
STREET ADDRESS	CITY	STATE	ZIP

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

HIRED: ☐ YES ☐ NO POSITION: _____ DATE REPORTING: _____ SALARY WAGES _____

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MGR. DEPT. HEAD GENERAL MGR.