



**City of Homestead**  
**790 North Homestead Boulevard**  
**Homestead, Florida 33030**  
**Application for Employment**

*The City of Homestead is an Equal Opportunity Employer and considers applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or other legally protected status.*

*Please print in INK. Although a resume may be attached, all sections of the application must be FULLY completed for consideration. Use blank paper if additional space is needed.*

Type of Position you are available:    Full Time         Part-Time         Shift Work         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?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative

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

Do you have a Drivers License: <input type="checkbox"/> Operator Class E <input type="checkbox"/> Commercial Drivers License (CDL) <input type="checkbox"/> None
Driver License No: _____ State: _____
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with the City of Homestead before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give date: _____
Have you ever been employed by the City of Homestead before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give date: _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide proof that you are authorized to work in the United States? <i>(Proof of citizenship or immigration status will be required upon employment)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relative employed by the City of Homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, indicate name and relationship: _____
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain <i>(Note: This will not automatically disqualify an applicant from employment)</i> _____ _____ _____

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

Please 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.

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Have you ever served in a military organization of the United States  
If “yes”, please describe

Yes  No

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Describe any volunteer activities that have developed job skills

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Describe any honors you have received

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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.*

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Are you able to perform all the essential functions of the job for which you applied?  
If “No” is there a reasonable accommodation that can be made?

Yes  No

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**FOREIGN LANGUAGES**

Indicate foreign languages you speak, read, and write.

	Language	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

**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)*



**CITY OF HOMESTEAD  
HUMAN RESOURCES**

**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;

**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.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**INVESTIGATION AUTHORIZATION & ORDER FORM**

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. The company, business, or organization at which you applied will provide this information for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Address: \_\_\_\_\_

DL#: \_\_\_\_\_ State: \_\_\_\_\_

**BELOW IS FOR COMPANY USE ONLY**

Date: \_\_\_\_\_ Company Name: City of Homestead Date of Birth: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

**CHECK SCREENINGS REQUIRED FOR THIS APPLICANT**

- \_\_\_\_\_ Previous Employment Verification
- \_\_\_\_\_ Workers' Compensation
- \_\_\_\_\_ Education Verification
- \_\_\_\_\_ Professional/Personal References
- \_\_\_\_\_ Professional License & Credential Check
- \_\_\_\_\_ Official Education Transcripts
- \_\_\_\_\_ CRIMINAL RECORD CHECK (state of **Florida**)
- \_\_\_\_\_ CrimeChex Multi-State Criminal Index Check
- \_\_\_\_\_ List Other Jurisdictions To Be Checked Here:
- \_\_\_\_\_ Nationwide Federal Violations Criminal Record Check
- \_\_\_\_\_ Driving Record Check
- \_\_\_\_\_ D.O.T. (Special Screening for Commercial Drivers)
- \_\_\_\_\_ Employment Credit Report
- \_\_\_\_\_ National Address Search & Social Security # Validation

\_\_\_\_\_  
*Signature of Official Authorizing Investigation*

## VOLUNTARY SURVEY

### SUBMISSION OF THIS IS VOLUNTARY

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Employees are treated during employment without regard to race, color religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

As an EEO employer, we comply with all applicable government regulations.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Date \_\_\_\_\_

Government agencies at times require periodic report on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis only.

*(Please Print)*

Job Applied for: \_\_\_\_\_

Check One:  Male  Female

Check One:  White  Black

Check One:  Hispanic or Latino  Asian  American Indian/Alaskan Native  
 Native Hawaiian or other Pacific Islander  Other \_\_\_\_\_

Check if any of the following are applicable

Veteran  Disabled Veteran  Disabled Individual