



City of Pompano Beach Application for Employment



Important instructions – must read before applying

- **You must fill out this application accurately and completely.**
- Please print clearly or type all information.
- If an item does not apply, insert N/A (not applicable).
- Attach any documents, certificates, commendation, etc., you feel will help in the evaluation of your application.
- The City requires you to list and describe in detail **ALL periods of employment**, including self-employment, military service and part time employment, even if employment was in another country.
- Attach additional sheets if necessary.
- Resumes are accepted for initial screening purposes only if they address each item asked for on the application for employment.
- Please explain any gaps in employment.

The City uses its application for employment as the first step in evaluating your suitability for employment. If you do not do a good job completing the application, you may not be considered further. The application is used as part of the screening process and should represent your best effort. Only a few selected candidates will be offered an interview. This is your opportunity to explain how you are qualified for the position and why we should select you for an interview.

Tip – If the application asks for certain information...we want to know about it...fill it out. If you don't have the information on hand...look it up.

Please do not submit your application or resume with a folder or elaborate binding. Any such submissions become the property of the City and may be discarded.

Avoid these common application mistakes:

- Not filling it out completely
- Not signing it
- Not explaining a conviction
- Not explaining gaps in employment
- Leaving off prior jobs
- Listing only related jobs (we ask for a complete employment history)
- Not writing legibly
- Not providing accurate dates of employment
- Not describing, in detail, the duties of each job
- Not indicating the posted job title and/or job announcement number
- Not reviewing the job announcement to see if you meet the minimum qualifications before applying
- Not completing an application supplement, if applicable

Remember – any material misrepresentation or falsification of the information given in this application will constitute grounds for rejection of this application or dismissal if hired by the City of Pompano Beach, Florida.



City of Pompano Beach
Application for Employment

Human Resources Department
100 W. Atlantic Blvd., Pompano Beach, Florida 33060
Jobline (954) 786-4693 Telephone (954) 786-4626
Fax (954) 786-5553
Website: www.mypompanobeach.org



You must fill out this application accurately and completely. PLEASE PRINT CLEARLY or type all information. If an item does not apply, insert N/A (not applicable). Attach any documents, certificates, commendations, etc., you feel will help in the evaluation of your application.

Position Applied for: _____ Job Announcement # _____

Date of Application : _____ Social Security # _____

Name: _____
(First) (Middle) (Last)

Address: _____
(Street)

City State Zip Code

Home Telephone No. _____ Other Telephone No. _____

E-mail Address: _____

If employed, when will you be available for employment? Check one of the following:
() Now () Beginning _____ () Upon ____ week(s) notice to my present employer.

How did you learn of this job vacancy?
____ Newspaper Advertisement ____ City Web Page ____ City Bulletin Board / Walk-in
____ *Professional Trade Journal ____ *Internet Site ____ Friend / *City Employee
* Please specify _____ Other (please specify) _____

Are you interested in: Full Time only ____ Part Time only ____ Full or Part Time ____

Would you be willing to work a shift schedule which could include weekends and nights? Yes () No ()

Do you have a valid Florida Driver's License? Yes () No ()
Number _____ Expiration Date ____ / ____ / ____ Endorsements: _____
Check one: Operator's () CDL () Class: (circle one) A B C D E

Minimum acceptable starting salary \$ _____/year

EDUCATION:

High School Attended: _____ High School Diploma Equivalency – GED
 Location _____ Yes No Yes No

Colleges and Universities Attended:

Name and Location	Grade Point Average	Major/Minor Program of Study	Did you graduate?		Type of Degree Received	Date Received
			Yes	No		

List Special Training (Business, Training, Vocational, etc.)

Name and Location	Course/Subject Taken	Certificate/License Received	Date Cert./Lic. Received

EMPLOYMENT: Begin with your present or last job and describe in detail **ALL periods of employment**, including self-employment. Include military service and part time employment. **Attach additional sheets if necessary or include resume. Account for all gaps in employment.**

(1) Present/Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer: _____
 Address: _____
 Telephone No. _____
 Your Job Title: _____
 Supervisor's Name and Title: _____
 Reason for Leaving Position: _____

 May we contact your present employer: ___ Yes ___ No

Specific Duties: _____

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr) _____

(2) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer: _____
 Address: _____
 Telephone No. _____
 Your Job Title: _____
 Supervisor's Name and Title: _____
 Reason for Leaving Position: _____

Specific Duties: _____

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr) _____

(3) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer: _____
 Address: _____
 Telephone No. _____
 Your Job Title: _____
 Supervisor's Name and Title: _____
 Reason for Leaving Position: _____

Specific Duties: _____

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr) _____

(4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer: _____
 Address: _____
 Telephone No. _____
 Your Job Title: _____
 Supervisor's Name and Title: _____
 Reason for Leaving Position: _____

Specific Duties: _____

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr) _____

(5) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					

Employer: _____
 Address: _____
 Telephone No. _____
 Your Job Title: _____
 Supervisor's Name and Title: _____
 Reason for Leaving Position: _____

Specific Duties: _____

BEFORE THIS JOB (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr) _____
 >>Be sure to attach additional sheets if you have other jobs to list. The City requires a complete employment history<<

QUALIFICATIONS: In your own words explain how you qualify for the position applied for. Be specific and list any special skills you possess, machines and equipment you can operate, computers/applications, licenses, certificates, and memberships in professional organizations, etc.

MILITARY: Branch of Service: _____ Date Entered: _____ Date Discharged: _____ Final Rank: _____ Type Discharge: _____

Are you claiming veteran's preference? Yes No Have you established Florida residency? Yes No

Please identify which of the following you are basing your claim for preference on:

- 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.
- 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 by a foreign power.
- 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.
- The unremarried widow or widower of a veteran who died of a service-connected disability.
- The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veterans' Preference, provided the individual is otherwise eligible.

You must submit a clear copy of your DD-214 and other relevant documents concerning eligibility for Veterans' Preference. Please see the enclosed Veterans' Preference Information form for more details.

Have you ever been employed by the City of Pompano Beach? () Yes () No
 If yes, give dates and department: _____

Are you related to any City employee? If yes, give name and relation: () Yes () No

(This information is requested only to avoid possible conflicts in immediate supervision.)

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law or do you currently have any cases or charges pending against you? () Yes () No
 If yes, state the nature of offense, disposition of case, and date:

(A conviction does not automatically mean you cannot be employed, what you were convicted of, and how long ago, are important. Stating that you will explain at the interview is not acceptable.)

Have you ever been discharged, forced to resign, or resigned in lieu of termination from any position? () Yes () No
 If yes, give details: _____

Are you legally authorized to work in the United States? () Yes () No

REFERENCES: List 3 business references who have knowledge of your qualifications for employment (i.e. co-workers, supervisors). No relatives please.

Name	Address	Phone No.
1.		() _____
2.		() _____
3.		() _____

APPLICATION CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION – READ CAREFULLY BEFORE SIGNING. I hereby certify that the information on this application is freely given and is true and complete to the best of my knowledge. I understand that any material misrepresentation or falsification of the information given by me in this application will constitute grounds for rejection of my application or dismissal if hired by the City of Pompano Beach, Florida. Also, I hereby agree to and permit the release to the City of Pompano Beach and its agencies of any and all information deemed necessary by the city in determining my qualifications for the position for which I applied.

 YOUR SIGNATURE

 DATE

City of Pompano Beach

VETERANS' PREFERENCE INFORMATION

The following information is provided to all applicants for positions with the City of Pompano Beach. Florida Statute 295 specifies the procedures for awarding hiring and retention preference to those eligible veterans and spouses of veterans that have honorably served in the United States Armed Forces. Veterans' Preference is only available to Florida residents. This law does not apply to anyone discharged under less than honorable conditions.

Persons Eligible for Appointment and Retention Preference:

- 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.
- 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 by a foreign power.
- 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.
- The unremarried widow or widower of a veteran who died of a service-connected disability.
- The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veterans' Preference, provided the individual is otherwise eligible.

Wartime periods are outlined as follows:

World War II:	12/07/1941 – 12/31/1946	Korean Conflict:	06/27/1950 – 01/31/1955
Vietnam Era:	02/28/1961 – 05/07/1975	Persian Gulf War:	08/02/1990 – 01/02/1992
Operation Enduring Freedom:	10/07/2001 – to be determined (TBD)	Operation Iraqi Freedom:	03/19/2003 – TBD

Eligible veterans and spouses of veterans are entitled to have their written test scores augmented by either five (5) or ten (10) points as outlined below.

- Ten Points – You must have a service connected disability or is the spouse of a person with a total and permanent service connected disability, missing in action, or is being forcibly detained in the line of duty by a foreign government or power.
- Five Points – The veteran of any war, and discharged honorably, or the unremarried widow or widower of a veteran that died of a service connected disability.
- When a numerically based selection process is not used, granting of an interview is one example of the type of special consideration which may be given to a preferred applicant.

Effective July 1, 2007, (1) preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state, (2) Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their veterans' preference again with all employers covered by law, (3) Persons were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during: Operation Enduring Freedom or Operation Iraqi Freedom.

NOTE: The burden of proof for veteran's preference is on the applicant. You must provided documentation of service, such as a discharge or DD form 214. Documentation shall include the following: (a) Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the VA, listing military status, dates of service and discharge type. (b) Disabled veterans shall also furnish a document from the Department of Defense, the VA, or the Department certifying that the veteran has a service-connected disability. (c) Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability. (d) Spouses of persons on active duty shall furnish a document from the Department of Defense or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment. (e) The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the VA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried. (f) Spouses of persons eligible to claim preference under subsection 55A-7.008(2), F.A.C., shall furnish certification from the VA that the veteran has a total and permanent service-connected disability. (g) All documents specified in this section must clearly indicate that they are copies of originals.

Should you believe that you have not been awarded your veteran's preference rights as required by Florida Statute, you may file an appeal with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731, within twenty-one (21) days of the notice to hire.

City of Pompano Beach

NOTICE AND CONSENT TO PROCUREMENT OF CONSUMER REPORT

In compliance with the Fair Credit Reporting Act (FCRA), this notice is to inform you that a consumer report and/or an investigative consumer report may be obtained for employment purposes. A consumer report or an investigative consumer report may include, but is not limited to, your creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. This information may be obtained through personal interviews with neighbors, friends, associates, or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the case of an investigative consumer report, you will be notified via mail within three days that a report has been requested. Upon your written request, you have the right to obtain additional information on the nature and scope of the investigation and you will be provided with a summary of your FCRA rights.

The FCRA requires the City to obtain your written authorization before a report is procured by signing below. You may deny the City authorization, however, by doing so you will not be considered further for employment. By signing below, you also authorize the City and its designated agents to obtain a report now and at any other time during your employment (if hired).

I HEREBY AUTHORIZE FEDERAL BACKGROUND SERVICES, INC., OR OTHER AGENCY DESIGNATED BY THE CITY, TO PERFORM ANY AND ALL NECESSARY PRE-EMPLOYMENT SEARCHES.

PRINTED NAME

SIGNATURE

DATE

IF CANDIDATE IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

PRINTED NAME

SIGNATURE

DATE



FEDERAL BACKGROUND SERVICES, INC.

City of Pompano Beach

DEMOGRAPHIC INFORMATION

The following information is sought only to assist the City of Pompano Beach in analyzing and monitoring its recruitment process in compliance with Federal laws. The information will be kept separately from your application form, and will not be used for employment decisions.

- Race/Ethnicity: White (Non-Hispanic)
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Black (Non-Hispanic)
- Hispanic

Gender: Female Male

Position applied for: _____

Are you presently a City employee? Yes No

If so, in which department: _____

How did you learn of this job opening?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> City Web Page |
| <input type="checkbox"/> City Bulletin Board | <input type="checkbox"/> *Professional Trade Journal |
| <input type="checkbox"/> *Internet Site | <input type="checkbox"/> Friend / *City Employee |
| *Please specify _____ | <input type="checkbox"/> *Other _____ |

Applicant Name: _____ Date: _____
(Please Print)

Address: _____

Home Phone: _____