



City of Valparaiso

Public Works

APPLICATION FOR EMPLOYMENT

Please Complete the Application in Legible Handwriting, Printing or Type. Please List Only One Position Per Application.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State and DL#
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Type of Employment Desired?	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Will you work hours other than 8am to 5pm?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will you work schedules other than Monday thru Friday?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will you accept temporary work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been employed by the City of Valparaiso before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give dates and explanation
Have you ever been discharged from employment because your work or conduct was not satisfactory?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give dates and explanation
Have you ever been convicted of a felony in the past 7 (seven) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give dates and explanation

**Note: conviction does not necessarily bar you from employment

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

LICENSES AND TRADES	
Commercial Driver License?	YES <input type="checkbox"/> NO <input type="checkbox"/> Type & Endorsements:

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>I hereby give consent to duly authorized representatives of the City of Valparaiso to contact any former employers, educational institutions indicated, and any other persons or organizations that it determines might have information relevant to this application.</p> <p>I further give consent to said organizations to divulge relevant information to the City of Valparaiso, notwithstanding that it might otherwise be confidential, such as records of disciplinary proceedings.</p> <p>I understand that any information obtained by the City of Valparaiso in the course of those contacts will be treated confidences.</p> <p>I understand that by accepting this application, the City incurs no liability for my future employment and that acceptance of an offer of employment does not create a contractual obligation upon the City to continue employment in the future.</p> <p>In the event of employment, I understand that false or misleading information given on the application or in an interview may result in discharge.</p> <p>If employed, I agree to abide by the work rules and regulations of the City of Valparaiso, Laws of the State of Florida, and applicable Federal Laws and Regulations.</p>	
Signature	Date

How did you hear about this position? Walk-in Newspaper Web Site Employee/Friend Other

The City of Valparaiso is a Drug-Free Workplace Employer and requires applicants and employees to submit to Drug Testing.
 The City is an Equal Employment Opportunity Employer and will consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Individuals who require accommodations in order to complete the employment application process should contact the Human Resources Manager at the phone number (850) 389-2095x 1004 or mailing address listed above.