



City of Pembroke Pines

" An Equal Opportunity Employer"

Human Resources Department

601 City Center Way

Pembroke Pines, FL 33025

T: (954) 392-2090 F: (954) 517-8406 Webpage: www.ppines.com

EMPLOYMENT APPLICATION

POSITION APPLYING FOR:

JOB ANNOUNCEMENT NUMBER:

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. If you require assistance due to a disability, please notify our staff. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the City and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.

1. PRESENT LEGAL NAME

Last Name _____ First Name _____ M.I. _____

2. WHEN AVAILABLE _____

3. If you require assistance due to disability please notify our staff.

4. APPLYING FOR (Check all responses that apply)

Full-time Part-time

5. HOME TELEPHONE NUMBER

Area Code Number
(____) _____

6. DRIVERS LICENSE

Do you have a valid license? Yes No

License Type: Operator CDL Class

License # _____

State _____ Exp. Date _____ Endorsement Code _____

CELL TELEPHONE NUMBER

Area Code Number
(____) _____

EMAIL ADDRESS

7. PRESENT ADDRESS

Street Address _____ Apt.# _____
City _____ State _____ Zip Code _____

How long have you lived at present address' Years _____ Months _____

8. PREVIOUS ADDRESS

Street Address _____ Apt.# _____
City _____ State _____ Zip Code _____

How long did you live at this address? Years _____ Months _____

(Job 3) Previous Job

From: _____ To: _____ Total Time: _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Hours per week _____ Supervisor's Name and Title _____

Starting Salary \$ _____ per _____ Reason for Leaving Position _____

Last Salary \$ _____ per _____

Specific Duties: _____

Number of employees supervised (if applicable) _____

(Job 4) Previous Job

From: _____ To: _____ Total Time: _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Hours per week _____ Supervisor's Name and Title _____

Starting Salary \$ _____ per _____ Reason for Leaving Position: _____

Last Salary \$ _____ per _____

Specific Duties: _____

Number of employees supervised (if applicable) _____

11. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YRS

From: _____ To: _____

Description of Activities or Volunteer Work: _____

12. List membership(s) in professional, job-related organizations:

13. List any active professional, technical, occupational licenses or certificates and registrations you now hold:

14. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:

15. Have you ever used a legal name other than the one indicated on Page _____ Yes No

If yes, please give name used: _____

16. VETERAN PREFERENCE: In keeping with Florida State Law, honorably discharged wartime veterans, service connected disabled veterans presently receiving disability benefits, and disabled veterans or MIA person spouses, who are **Florida residents**, may be eligible for preference. Veterans who have been employed by the State of Florida or one of its Counties, Cities, etc.; are excluded from these POINTS WILL BE AWARDED ONLY IF SUPPORTING DOCUMENTATION SUBMITTED AT THE TIME OF APPLICATION. Acceptable documentation is a copy of a DD-214 and/or proof of receipt of disability benefits dated within six months of the date of application. Materials supplied with the application become the property of the City. Do not submit original, sole copies of documents.

Did you serve in the Armed Services? Yes No Is your discharge honorable? Yes No
 Are you claiming Veteran's Point? Yes No Are you retired from the military? Yes No
 Are you or have you ever been employed by the State of Florida or one of its Counties, Cities, etc? Yes No

17. Have you ever worked for the City of Pembroke Pines? Yes No

If yes, please give date(s) of employment _____
 Employing Division(s) _____

18. Are you related to a City employee or is any member of your household employed by the City?

Yes No If yes, please give the person's:

Name _____

Relationship to you _____

Employing Division(s) _____

19. Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if adjudication was withheld?

Name of offense _____

Name of and location of court _____

Deposition of case _____

NOTE: A conviction does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, relationship to this job, etc. are given consideration.

20. How did you learn about the position for which you are applying? Check the response that applies.

- Newspaper Ad
- City Employee
- High School
- Visit to Human Resources Department
- College Counselor
- Florida State Employment Agency
- Recruiting Program-Career Day (please specify)*
- Professional Journal
- Other Source (please specify)*

* _____

21. REFERENCES: List three (3) personal references who are not relatives or former employers.

Name and Occupation	Address	Telephone	Years Known

CITY OF PEMBROKE PINES

EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment that statements I have made either verbally or in writing in the course of my seeking employment with the City of Pembroke Pines will be verified through various sources including but not limited to a Criminal History Records search, Drivers License History, Former and current employers, personal references and consumer credit report. I hereby authorize the City of Pembroke Pines to obtain any information in files pertaining to my employment records including, but not limited to, achievement, attendance, personal history and disciplinary records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the City of Pembroke Pines. Consent is further granted for the City of Pembroke Pines to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____

Current Address: _____

Telephone #: _____

Other Prior Names/Aliases _____

Drivers License # _____ State: _____

Applicants Signature

Date: _____

Witness Signature

**City of Pembroke Pines
Voluntary Ethnicity/Gender Survey**

The information requested on this form is utilized by the City of Pembroke Pines to aid in its commitment to Equal Employment Opportunity. Completion of this survey is voluntary and the information will be maintained separately from your application.

Date _____

Position applied for _____

Male

Female

Ethnic and Racial Identity

- White, not of Hispanic origin - a person having origins in any of the original peoples of Europe, North Africa, or the middle east.
- Black, not of Hispanic Origin - a person having origins in any of the black racial groups of Africa.
- Hispanic- a person of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander - a person having origins in any of the original people of the Far East, Southeast Asia, The Indian Subcontinent, or Pacific Islands.
- American Indian or Alaskan Native - a person having origins in the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.