



CITY OF TITUSVILLE
APPLICATION FOR
EMPLOYMENT

Today's Date: _____

"AN EQUAL OPPORTUNITY EMPLOYER"
Applications are Public Record
A Drug Free Workplace

City of Titusville
Human Resources
P.O. Box 2806
Titusville, FL 32781-2806
(321) 383-4395 – Job Line
www.titusville.com

If you require accommodations in order to complete this application, please contact Human Resources.

FOR OFFICE USE ONLY

Dept.: _____ Rate: _____ Position: _____ Date: _____ Requisition#: _____

Check the type of work you are interested in: [] Full-Time [] Part-Time [] Temporary

Position Applying For: _____

HOW DO WE CONTACT YOU?

Last Name First Name Middle Initial

Mailing Address

City County State Zip

Home Phone Alternate Phone Email Address

ARE YOU UNDER 18 YEARS OF AGE? [] YES [] NO

TYPE OF LICENSE: [] Driver's [] Chauffeur's [] CDL – Class: _____ State: _____

Drivers License Number _____ Exp date: _____

Is your license currently suspended or revoked? [] Yes [] No If yes, Why? _____

Has your license ever been suspended or revoked? [] Yes [] No

If yes, what year? _____ In what state? _____ Why? _____

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? [] Yes [] No If yes, complete the following:

Branch of Service Enlistment Date Discharge Date Type of discharge

DO YOU CLAIM VETERAN'S PREFERENCE? (ATTACH PROOF OF ELIGIBILITY WITH EACH APPLICATION) [] Yes [] No If yes, please specify:

- [] As a veteran of any war (as defined in the rules of Div. Of Veteran's Affairs). You must attach a DD-214.
[] As a veteran with a compensable service connected disability. You must attach proof of disability from Division Of Veteran's affairs or Department of Defense.
[] As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability.
[] As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or who is missing in action, captured or forcibly detained by a foreign power.

If you feel you did not receive veteran's preference in accordance with Florida Administrative Code, you have the right to an investigation by filing a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731. Phone: (813) 898-4443, within 21 days from the date you received notification that a non-preference applicant was appointed.

First Name

Last Name

Your qualifications for employment are based on the rating of your knowledge, abilities, and skills for the position(s) you apply for; and, if you qualify, your name is placed on an application register. Applications remain active for six (6) months. Your availability is your responsibility. Notify us if you change your name, address, or phone number. Your name will be removed from the register if you cannot be contacted for an interview three times or if you are interviewed three times, without a job offer. Applications may also be rejected for the following reasons: (1) Failure to complete application; (2) Failure to provide required documents when requested; (3) Not fully meeting all job requirements; (4) Failure to obtain a passing score on any required tests. Applicants failing the drug/alcohol screen are ineligible for consideration of employment of one year. A new application must be submitted to regain active status.

Have you filed an application with the City of Titusville within the last six (6) months? Yes No
Have you ever worked for the City of Titusville? Yes No **If yes, date(s)** _____ **Position Title:** _____
Check status: Citizen of the United States
 Legal Alien (Alien Number _____)
(Proof of U.S. Citizenship or Immigration status will be required upon employment.)

LAW VIOLATION RECORD: Have you, as an adult over the age of 18, ever been convicted, placed on probation, received a suspended sentence, or forfeited bail in connection with any offense (except minor traffic violations) in any civilian or military court? Yes No. Show all convictions; including driving while intoxicated convictions.

OFFENSE	DATE	PLACE	SENTENCE OR FINE

To be completed by POLICE DEPARTMENT applicants ONLY.

1. Are you a certified Police Officer in the State of Florida? Yes No. If yes, submit a copy of the Standards Certificate and Police Testing Certification.

To be completed by FIRE DEPARTMENT applicants ONLY.

- Do you possess a valid Certificate from the Florida State Fire Marshal Bureau of Fire Standards and Training?
 Yes No
- Do you possess a valid Emergency Medical Technician Certification from the Florida Department of Health and Rehabilitative Services? Yes No. If yes, submit copies of Standards and EMT Certification.

EDUCATION: Circle the highest grade you completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

NAME AND LOCATION OF HIGH SCHOOL AND/OR COLLEGE	AREA OF STUDY	# HRS COMPLETED		DEGREE
		Semester	Quarter	

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS:

Typing Speed _____ WPM Office machines you operate efficiently: Dictaphone Computer
 Other: _____

What type of Computer/Software do you have experience operating: _____

LIST ANY MACHINERY OR HEAVY EQUIPMENT THAT YOU HAVE OPERATED:

- Can you read schematics? Yes No
 Can you read blueprints? Yes No

1. Are you currently employed? Yes No. If yes, may we contact your current employer? Yes No.
2. Have you ever been discharged or asked to resign from any position? Yes No. If yes, give details. _____
3. List below all jobs for the last ten (10) years, include prior experience, if relevant. List paid and volunteer experience; include exact dates of military service. List specific duties, skills and equipment operated and supervisory experience.

USE ADDITIONAL SHEETS OF PAPER AS NECESSARY. A RESUME MAY BE USED TO SUPPLEMENT BUT NOT SUBSTITUTE APPLICATION INFORMATION

CURRENT OR LAST EMPLOYER:		From: (mo.)	(yr.)
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	

CURRENT OR LAST EMPLOYER:		From: (mo.)	(yr.)
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	

CURRENT OR LAST EMPLOYER:		From: (mo.)	(yr.)
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	

CURRENT OR LAST EMPLOYER:		From: (mo.)	(yr.)
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	

APPLICANT CERTIFICATION – READ CAREFULLY BEFORE SIGNING: I hereby certify that each answer to the questions herein and all other information furnished is true and correct. I further certify that all such answers and information constitutes full and complete disclosure of my knowledge with respect to the question or subject matter. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge at any time. If employed by the City of Titusville, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers, schools and character references to give any information regarding my employment and to furnish any other information they may have concerning me. I understand that final approval of employment may depend upon satisfactory completion of a criminal background check, consumer credit check report, driver’s license verification, and a post-offer employment physical examination, including a drug/alcohol screen per F.S. 112.0455. Post offer examinations for positions in the Police and Fire Departments may include: an electrocardiogram, a visual acuity examination, psychological examination by a City appointed psychologist, physical agility test, polygraph examination and fingerprinting.

Date: _____ Signature of Applicant: _____

**CITY OF TITUSVILLE, FLORIDA
THIS FORM MUST BE SUBMITTED WITH EMPLOYMENT APPLICATION**

TO: **POLICE DEPARTMENT APPLICANTS &
FIREFIGHTER/EMT APPLICANTS**

SUBJECT: (A) STATEMENT ATTESTING YOU ARE A NON-SMOKER AND A NON-USER OF TOBACCO OR TOBACCO PRODUCTS FOR AT LEAST ONE YEAR IMMEDIATELY PRECEDING APPLICATION, AS EVIDENCED BY YOUR SWORN AFFIDAVIT BELOW.

(B) CONSENT FORM FOR POST-OFFER OF EMPLOYMENT DRUG AND ALCOHOL SCREENING.

(A) I _____, acknowledge that tobacco use of any kind (e.g., smoking, chewing, dipping, etc.) is prohibited for me whether I am on or off duty, for so long as I am an employee of the City of Titusville. Furthermore, I attest that I have been a non-user of tobacco products for at least one year immediately preceding this application for employment with the City of Titusville.

I agree that I will not use tobacco on or off duty for so long as I am an employee of the City of Titusville. I further agree that if I do use tobacco while so employed, whether the use is on or off duty, I may be subject to disciplinary action up to and including termination of employment.

WITNESS SIGNATURE

APPLICANT SIGNATURE

DATE

(B) I understand that as a part of the post-offer of employment process, the City of Titusville will conduct a background investigation to determine my suitability to fill the position for which I have applied. In keeping with its efforts to identify the most qualified individuals for public safety positions, I do hereby voluntarily consent to be the sampling of subsequent testing of my body fluids (urine and/or blood) for the purpose of a drug and alcohol screen to determine fitness for duty.

I understand that refusal to undergo the testing will be grounds for rejection of my application for employment. I also understand that a positive test will result in the removal of my application for employment from consideration for a period of one year, at which time I may submit another application.

I further understand that the results of the testing may be utilized in conjunction with any other information developed during the post-offer of employment process to determine my eligibility for the position for which I have applied, and the City will have complete discretion in determining if I am offered a position.

SIGNATURE OF APPLICANT

DATE

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**VOLUNTARY - CONFIDENTIAL
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The following information is voluntary and will be used in our Affirmative Action Program reporting. This information is confidential. It is kept separately from your application and is not used to evaluate your qualifications. Thank you for your cooperation.

Name: _____ Date: _____ Female Male

CHECK THE RACE/ETHNIC GROUP WITH WHICH YOU IDENTIFY:

White Black Hispanic Asian or Pacific Islanders American Indian or Alaskan Native

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Status Disabled Individual

Position(s) Applied For: _____

For Affirmative Action Officer's Use Only – Placement Information

Dept./Div. #: _____ Position: _____ Date of Placement: _____

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Name _____

Thank you for submitting your application to the City of Titusville. We would like to know how you heard about the open position. Please complete this form by checking the appropriate referral source.

- ___ The City's Telephone Jobline
- ___ City Employee Referral, Name _____
- ___ Trade Magazine
- ___ Orlando Sentinel
- ___ Florida Today
- ___ Florida Dept. of Labor – Titusville
- ___ BCC – Cocoa
- ___ Website _____

- ___ BCC – Titusville
- ___ Brevard Rehabilitation
- ___ NAACP
- ___ UCF
- ___ Walk-in
- ___ Other _____