



## WORK EXPERIENCE

**INSTRUCTIONS:** Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer						Employer: _____					
From		To		Total Time		Address: _____					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____					
						Your Job Title: _____					
Hours per Week _____						Supervisor's Name and Title: _____					
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____					
Last Salary \$ _____ per _____						May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Specific Duties: _____											
_____											
Number of Employees supervised (if applicable): _____											

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

(Job 2)						Employer: _____					
From		To		Total Time		Address: _____					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	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): _____											

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

(Job 3)						Employer: _____					
From		To		Total Time		Address: _____					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	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): _____											

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

(Job 4)						Employer: _____					
From		To		Total Time		Address: _____					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	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): _____											

NOTE: We may contact previous employers to verify employment information.

**AGENCY WIDE QUESTIONS**  
**Please Check Appropriate Response**

1. Have you ever worked for the City of Fort Lauderdale?  
 Yes  No

2. If yes, please give date(s) of employment. \_\_\_\_\_

3. Are you a U.S. citizen?  Yes  No

4. If no, are you authorized by Immigration and Naturalization to work in the U.S.?  Yes  No

5. Have you ever been fired, forced to resign, or resigned in lieu of termination?  Yes  No

6. If yes, please explain below:

Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

7. Are you related to a City employee or is any member of your family employed by the City of Fort Lauderdale?  
 Yes  No

8. If yes, please give the person's

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

9. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law?  
 Yes  No

10. If Yes, please indicate whether it was a felony or misdemeanor.  
 Felony  Misdemeanor

11. If yes, please give details below:

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

Outcome: \_\_\_\_\_

Note: A conviction does not automatically mean you cannot be employed by the City of Fort Lauderdale. The nature of the offense, how long ago it occurred, etc., are given consideration.

**Attach additional sheets as needed.**

12. Were you in the U. S. Armed Forces?  Yes  No

13. Did you receive an honorable discharge?  Yes  No

14. Do you claim veteran's preference?  Yes  No

If yes, City of Fort Lauderdale Department of Human Resources Form J-204 and the member 4 copy of your DD214 must accompany this application. **Form J-204 is available upon request.**

15. Enter your driver's license expiration date and any endorsements you have.

Expiration Date (MM/DD/YYYY): \_\_\_\_\_

Endorsements: \_\_\_\_\_

16. Has your driver's license ever been suspended?  
 Yes  No

17. Has your driver's license ever been revoked?  
 Yes  No

18. If you answered yes to questions 16 or 17 above, please provide dates and explanation. If you answered no to both enter N/A.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Please list all traffic citations within the last seven (7) years. Include date, agency, offense/charge, points and outcome. Driving under the influence, driving while intoxicated, etc., should be included in response to question 9. **If none, enter N/A.**

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

**If you have more than four citations within the last seven years, please attach a separate sheet in the same format.**

**20. NOTICE TO APPLICANT OF INTENT  
TO OBTAIN A CONSUMER REPORT**

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you which is contained in a consumer report. A consumer report may contain information regarding your driving record and/or criminal background.

Before we procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, we will not consider you further for employment if you so decline. On the bottom of this form, you will find a release which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure.

**RELEASE TO PROCURE A CONSUMER REPORT**

I have read the "Notice to Applicant of Intent to Obtain Consumer Report."

I understand that I have the right to decline authorization for the City of Fort Lauderdale to procure a consumer report concerning me.

Understanding these rights,

\_\_\_\_\_ I authorize the City of Fort Lauderdale to procure a consumer report concerning me.

\_\_\_\_\_ I do not authorize the City of Fort Lauderdale to procure a consumer report concerning me.

NAME (Print Please) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please read this statement carefully before signing below:**

The City of Fort Lauderdale is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Fort Lauderdale is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

**The City of Fort Lauderdale requests social security numbers for the following purposes: pre-employment background checks; verify eligibility for employment; withhold federal and state taxes; comply with state new-hire reporting requirements; enrollment in retirement and benefits plans.**

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine which may be tested for use of drugs and/or controlled substances.

**My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.**

SIGN YOUR NAME HERE

DATE

**NOTES:**

- Applicants must provide copies of documents required with application. Please include your name on all documents submitted.
- Applicants requesting reasonable accommodation during the job application process may contact the Human Resources Department at the address and phone number listed above. Such materials can be provided in alternative forms for the blind and visually impaired, upon request.

**City of Fort Lauderdale**

**21. HOW DID YOU LEARN OF THIS POSITION**

- 1.  Ad in newspaper
  - 2.  Trade journal or professional website
  - 3.  Ad on radio
  - 4.  Completed interest form and received notification
  - 5.  Job Line
  - 6.  City bulletin board/walk-in
  - 7.  Friend/City Employee
  - 8.  City of Fort Lauderdale website
  - 9.  Job Fair
  - 10.  Agency Referral
- 

**22. EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION SURVEY**

**TO ALL APPLICANTS:** The following information is being gathered by the City of Fort Lauderdale for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you that this information will not be used to evaluate your application, and will be kept confidential.

JOB/POSITION APPLIED FOR: \_\_\_\_\_

- 23. GENDER**  Male  Female

**24. Race/Ethnic Categories (Check One)**

- 1.  Black or African American (Not Hispanic or Latino): All persons having origins in any of the Black racial groups of Africa.
- 2.  Native Hawaiian or Pacific Islander (Not Hispanic or Latino): All persons having origins in any of the peoples of the Hawaiian, Guam, Samoa, or other Pacific Islands.
- 3.  Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- 4.  American Indian or Alaskan native (not Hispanic or Latino): All persons having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- 5.  White (Not Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 6.  Asian (Not Hispanic or Latino): All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- 7.  Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above races.