



506 W. Berckman St.
Fruitland Park FL 34731

Tel. (352) 360-6727
Fax. (352) 360-6686

APPLICATION FOR EMPLOYMENT

We appreciate your interest in working for the City of Fruitland Park. The City of Fruitland Park considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applications are only accepted for positions that are currently open. Applications are considered current up to 30 days.

The City does not send rejection notices to applicants who are not selected for an interview or testing. The City's hiring process may take from three (3) weeks to several months for certain positions.

(PLEASE PRINT)

Position Applied For

Date of Application

Last Name

First Name

Middle Name

Address: Number/Street

City/State

Zip Code

Telephone Number(s)

Do you possess a valid Florida Driver's License (if required): No Yes

The City of Fruitland Park is an equal opportunity employer and is a drug free workplace. A drug test, physical examination and background check are required for employment.

EQUAL OPPORTUNITY EMPLOYER

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Name: _____

Are you at least 18 years of age? ____ Yes ____ No

Have you filed an application with us before? ____ Yes ____ No
If yes, give date _____

Have you been employed by the City before? ____ Yes ____ No
If yes, give date _____

Are you currently employed? ____ Yes ____ No

May we contact your present employer? ____ Yes ____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____ Yes ____ No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work full time? ____ Yes ____ No

Are you currently on "lay-off" status and subject to recall? ____ Yes ____ No

Can you travel if a job requires it? ____ Yes ____ No

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EDUCATION:

	Name & Address (City) of School	Course of Study	Years Completed	Please indicate Diploma or Degree
Elementary				
High School				
College				
Trade School				

SPECIALIZED TRAINING:

Please describe any specialized training, apprenticeship, or skills.

SPECIALIZED SKILLS:

Please list special job-related skills and qualifications and equipment you can operate. (i.e. computer, backhoe, forklift, calculator, etc.)

REFERENCES (Do not include relatives):

1. _____
Name Phone Number
2. _____
Name Phone Number
3. _____
Name Phone Number

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EMPLOYMENT EXPERIENCE:

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

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NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available for you to review. Position Name: _____

Please Initial: _____Yes _____No

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the city is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the City.

Signature of Applicant

Printed Signature of Applicant

Date of Signatures above

EQUAL OPPORTUNITY EMPLOYER