



CITY OF DORAL

8300 NW 53rd Street, Suite 100
Doral, Florida 33166
www.cityofdoral.com

EMPLOYMENT APPLICATION

An Equal Opportunity Employer and a Drug/Smoke Free Workplace
Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital, or veteran status (except if eligible for veterans' preference).

INSTRUCTIONS: Please print in ink or type. Applications for positions with the City of Doral will be accepted only when a vacancy exists for that position. This application will remain active for 90 days. This application has been developed to give you the opportunity to list qualifications, work experience and abilities. If you need additional space, use a separate sheet of paper. You may add a resume or attach copies of documents you feel help clarify your background, but resumes will not be accepted in lieu of a fully completed application. All questions must be answered. For those questions which do not apply, simply insert N/A. Incomplete applications will not be considered. If applying for more than one position, please submit a separate application for each position.

NOTICE OF COLLECTION OF SOCIAL SECURITY NUMBER

Please be advised that, consistent with Section 119.071(5), Florida Statutes, the City of Doral collects social security numbers on its employment applications. The purpose and need for the collection of social security numbers is to conduct a criminal background and credit history check, if applicable, on the candidate for employment. The social security numbers collected by the City of Doral will not be used for any purpose other than to conduct a criminal background and credit history check. The City of Doral will not release the social security number to any individual or agency unless required by court order or state law.

POSITION APPLIED FOR:

If referred by a current City employee, indicate his/her name here: **REFERRED BY:**

CURRENT PERSONAL DATA

NAME: _____

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____
CITY STATE ZIP CODE

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

PAGER / CELLULAR / OTHER: _____

EMPLOYMENT AVAILABILITY

EMPLOYMENT WITH THE CITY OF DORAL MAY REQUIRE WORKING WEEKENDS, SHIFTS AND HOLIDAYS. ARE YOU ABLE TO WORK: (Check all that apply)

FULL-TIME PART-TIME SHIFTS EVENINGS WEEKENDS HOLIDAYS TEMPORARY

EARLIEST YOU WOULD BE ABLE TO START _____ SALARY DESIRED _____

ARE YOU OVER 18 YEARS OF AGE? YES NO

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY? YES NO

EDUCATION

	GRADE/HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE SCHOOL
CIRCLE HIGHEST GRADE COMPLETED	5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4
	SCHOOL NAME/ADDRESS	ATTENDANCE DATES	DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
OTHER/GED			

EMPLOYMENT HISTORY (THIS SECTION MUST BE COMPLETED EVEN IF ATTACHING RESUME)

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT FOR THE LAST TEN YEARS AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

MAY THE CITY OF DORAL CONTACT YOUR PRESENT EMPLOYER? YES NO

PRESENT/MOST RECENT EMPLOYER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

PRESENT/MOST RECENT EMPLOYER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

PRESENT/MOST RECENT EMPLOYER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATION? YES NO

IF YES, PROVIDE DETAILS BELOW, INCLUDING FINES, ARRESTS, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

HAVE YOU EVER BEEN REFUSED A SURETY BOND? YES NO WHEN? _____

HAVE YOU EVER BEEN NAMED IN A CHARGE OF DISCRIMINATION OR A LAWSUIT? IF SO, PLEASE GIVE DATE, EMPLOYER AND BRIEF STATEMENT OF WHAT THE COMPLAINTS WERE ON A SEPARATE SHEET OF PAPER. (NOTE: THIS WILL NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION) YES NO

NOTE: A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING ARRESTS AND CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON ARRESTS AND CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL, OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

DRIVER LICENSE NUMBER: _____ STATE: _____

DRIVER LICENSE TYPE: OPERATOR CDL: A _____ B _____ C _____ D _____ E _____

CDL ENDORSEMENTS _____

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, EXPLAIN: _____

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE CITY? YES NO

IF YES, GIVE NAME AND RELATIONSHIP: _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF DORAL?
IF YES, COMPLETE THE FOLLOWING:

YES NO

DATES PREVIOUSLY EMPLOYED	FROM/TO:	
	POSITION:	
	REASON FOR LEAVING:	

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB:

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE THAT MAY BE HELPFUL IN DOING THIS JOB:

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER: _____

REFERENCES

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE U.S. MILITARY? YES NO IF YES, BRANCH: _____

DATES OF ACTIVE DUTY (FROM/TO): _____

RANK: _____

OCCUPATIONAL SPECIALTY: _____

TYPE OF DISCHARGE: _____

VETERANS' PREFERENCE

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07? YES NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE CITY OF DORAL AND ATTACH COPIES OF SUPPORTING DOCUMENTATION (DD214). THIS FORM MUST BE SUBMITTED WITH THE APPLICATION.

CERTIFICATION

THIS MUST BE SIGNED. PLEASE READ CAREFULLY.

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE STATEMENTS AND ANSWERS ON THIS APPLICATION AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY AUTHORIZE THE CITY OF DORAL TO VERIFY ALL INFORMATION CONTAINED HEREIN AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE CITY OF DORAL.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE CITY OF DORAL ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A HEALTH QUESTIONNAIRE, POLYGRAPH, AND MEDICAL EXAMINATION BY A CITY APPOINTED PHYSICIAN/FACILITY AND PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN ALCOHOL/DRUG SCREEN FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE CITY OF DORAL FOR THIS PURPOSE.

I ALSO UNDERSTAND THAT IN ACCORDANCE WITH FLORIDA STATUTES, EMPLOYMENT WITH THE CITY OF DORAL IS "AT-WILL" AND AS SUCH, MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT NOTICE BY EITHER PARTY AT ANY TIME.

I UNDERSTAND THAT THE CITY OF DORAL WILL NOT TOLERATE UNLAWFUL DISCRIMINATION OR UNLAWFUL HARASSMENT AND THAT EMPLOYEES HAVE AN AFFIRMATIVE DUTY TO REPORT SUCH INCIDENTS AND THAT SUCH CONDUCT IS GROUNDS FOR TERMINATION OF EMPLOYMENT

I FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE CITY OF DORAL.

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS OF THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE CITY OF DORAL.

SIGNATURE

DATE

HAVE YOU READ ALL INSTRUCTIONS ON THE APPLICATION AND ANSWERED ALL QUESTIONS? If so, Please Initial Here: _____



NOTICE UNDER FAIR CREDIT REPORTING ACT

Consent to Obtain Consumer Credit Report For Employment Purposes

As an applicant or employee of the City of Doral, at some point the City of Doral may procure (or cause to be procured) your consumer report for employment purposes. This consumer credit report cannot be obtained without your consent, which your signature below will indicate.

"I, _____, hereby authorize the City of
Doral to procure, or cause to be procured, my consumer report for employment
purposes."

Applicant / Employee Signature

Date



NO SMOKING AFFIDAVIT

Submit this Affidavit with Employment Application

The City of Doral, Florida does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

Do you now or have you ever smoked or used tobacco products? _____ Yes _____ No

If yes, please explain:

AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application for employment, (in accordance with the City of Doral, Policies and Procedures Manual). I further understand that will be subject to termination of employment if I use tobacco products subsequent to becoming employed with the City of Doral.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Dated and Signed this _____ day of _____, 20_____.

Signature of Applicant



CLAIM FOR VETERAN'S PREFERENCE

Attach copy of your discharge papers (DD214) and submit with Application.

Name: _____	Date: _____
Position Applied For: _____	

I claim Veteran's Preference based upon the following: (Check basis for your preference)

- _____ 1. As a veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- _____ 2. As the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- _____ 3. As a veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 days or more since January 31, 1955, if any part of such active duty was performed during a wartime era as defined by Florida Statute and Florida Administrative Code. Active training is not allowable.
- _____ 4. As the unremarried spouse of a veteran who was killed in action, or died of a services-connected disability.

Branch of Service	Date of Entry	Date of Discharge
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Have you been employed through Veteran's Preference since October 1, 1987? _____

If yes, please provide the name and telephone of the employer: _____

Signature	Date
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NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with the Division of Veterans' Affairs within 21 days from the date of notice of hiring decision.



**EQUAL OPPORTUNITY EMPLOYER DATA
(THIS SURVEY IS VOLUNTARY)**

THE CITY OF DORAL IS AN EQUAL OPPORTUNITY EMPLOYER, AND IT COMPLIES WITH GOVERNMENT REGULATIONS WITH REGARD TO EQUAL EMPLOYMENT. TO ASSIST US IN OUR CONTINUING EFFORT TO DO SO, THIS DATA IS COMPILED ON AN ON-GOING BASIS. HOWEVER, YOUR COOPERATION IN COMPLETING THE FOLLOWING IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. THIS FORM IS REMOVED FROM THE APPLICATION UPON SUBMITTAL TO THE CITY OF DORAL AND IS KEPT IN A SEPARATE FILE.

DATE OF APPLICATION: _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

POSITION APPLIED FOR: _____

RACE:

- WHITE (NON-HISPANIC)
- BLACK
- HISPANIC
- ASIAN/PACIFIC ISLANDER
- AMERICAN INDIAN/ALASKAN NATIVE
- YES

SEX:

- MALE
- FEMALE

VETERAN:

- YES
- NO

DISABLED:

- NO

REFERRAL RESOURCES:

- NEWSPAPER ADVERTISEMENT (Specify Source) _____
- CITY JOB ANNOUNCEMENT
- CITY EMPLOYEE (Please indicate name of referring employee on front page of application)
- CORRESPONDENCE
- WALK-IN
- FLORIDA STATE JOB SERVICE
- OTHER (Please Specify)