



In case of emergency notify \_\_\_\_\_ name \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
# Street City State Zip

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

### EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
High	_____		1 2 3 4	Y / N	
College	_____		1 2 3 4	Y / N	
Other	_____		1 2 3 4	Y / N	

### CERTIFICATIONS

CERTIFICATION	CERTIFICATION NUMBER	TYPE	EXPIRATION DATE

Do you possess a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ Issued by what state? \_\_\_\_\_

Class (check one): A  B  C  E  Expiration Date \_\_\_\_\_

List any endorsements \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list all employment past and present including volunteer experience (temporary and part time).

Account for all periods, including unemployment and service in the armed forces.

If you were employed under a different name, please enter the name in the right hand margin.

### BEGIN WITH YOUR MOST RECENT OR PRESENT EMPLOYER

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name <hr/> Address <hr/> (____)_____ Phone with area code	From:  To:			
Name <hr/> Address <hr/> (____)_____ Phone with area code	From:  To:			
Name <hr/> Address <hr/> (____)_____ Phone with area code	From:  To:			
Name <hr/> Address <hr/> (____)_____ Phone with area code	From:  To:			
Name <hr/> Address <hr/> (____)_____ Phone with area code	From:  To:			

May we contact the employers you have listed? \_\_\_\_\_ If not, please indicate by name below and why:

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List the job related skills you possess: \_\_\_\_\_

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PROGRAM	BEGINNER	INTERMEDIATE	ADVANCED
WORD			
EXCEL			
OUTLOOK			
ACCESS			
POWERPOINT			
OTHER			

TYPING SPEED: \_\_\_\_\_

OTHER PROGRAMS: \_\_\_\_\_

\_\_\_\_\_

### PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME & OCCUPATION	ADDRESS (CITY & STATE)	DAYTIME PHONE WITH AREA CODE
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

The facts set forth in this application for employment are true and correct. I understand that if employed, false statements on the application may cause disciplinary action, dismissal or termination.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## VETERANS' PREFERENCE

The City of Leesburg is subject to s.295.07, F.S. which requires that employment preference be given to eligible veterans and spouses of veterans in positions of employment except those that are exempted such as elected affiliates, department heads or temporary positions (without benefits). If you wish to be identified as claiming Veterans' Preference, please check applicable statement and sign below.

Do you wish to claim Veterans' Preference in accordance with the above captioned rule? Yes \_\_\_\_ No \_\_\_\_

I wish to claim Veterans' Preference as:

1. \_\_\_\_ A veteran who has served on active duty in any branch of the U.S. Armed Forces, with a service-connected disability who has separated therefrom under honorable conditions, and is eligible for or receiving compensation, Disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs or who is receiving compensation, disability, retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense; OR
2. \_\_\_\_ The spouse of a veteran who cannot qualify for employment because of a total and permanent Disability, or the spouse of a veteran missing in action, captured in the line of duty by a hostile force, or forcibly detained by a Foreign government or power; OR
3. \_\_\_\_ A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training and who as discharged under honorable conditions from the Armed Forces of the United States of America; OR
4. \_\_\_\_ The un-remarried widow or widower of a veteran who died of a service connected Disability; OR
5. \_\_\_\_ A veteran who has served in a campaign or expedition for which a qualifying campaign badge or expeditionary medal has been authorized (including any armed forces expeditionary medal or the global war on terrorism medal).

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DATE OF ENTRY

\_\_\_\_\_  
DATE OF DISCHARGE

**Note: A DD214, military discharge papers from the Department of Defense or comparable documents from the Department of Veterans Affairs which serves as a certificate of release or discharge must be furnished at the time of application.** In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in section 1.01, F.S. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents; and is not available to those classified as a "deserter" or who received less than honorable discharge upon separation or discharge from the Armed Forces.

If an applicant claiming Veterans' Preference for a vacant position is not selected, and a non-preference eligible applicant is selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731. A complaint must be filed within 21 calendar days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of the application is filed with the employer if no notice is given.

I understand that an applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with the aforementioned rule, may file a complaint with the Florida Division of Veterans' Affairs, PO Box 1437, St. Petersburg, FL 33731 requesting and investigation. When notice of a hiring decision is given by a covered employer, the complaint shall be filed within 21 calendar days from the date the notice is received by the applicant. I further understand that if the Florida Division of Veterans' Affairs finds the complaint to be valid and the complainant and the employer fail to reach a satisfactory resolution, the complainant may petition the Public Employees Relations Commission for a hearing.

**I understand when claiming veterans' preference I am responsible for providing required documentation at the time of making application for a vacant position. Documentation for veterans preference shall include the following:**

1. Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document commonly known as form DD214 or military discharge papers or equivalent certification for the Veterans Administration listing military status, date of service and discharge type.
2. Disabled veterans shall also furnish a document from the Department of Defense, the Veterans Administration or the Division of Veterans Affairs certifying that the veteran has a service-connected disability.
3. Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the Veterans Administration that the veteran is totally and permanently disabled or an identification card issued by the Division of Veterans Affairs; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
4. Spouses of persons on active duty shall furnish a document from the Department of Defense or the Veterans Administration certifying that the person on active duty is listed as missing in action, captured in the line of duty or forcibly detained or interned in the line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is not remarried.
5. The un-remarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.
6. Spouses of persons eligible to claim preference under Section 55A-7.008(2) shall furnish certification from the Veterans Administration that the veteran has a service-connected disability.
7. All documents specified in the section must clearly indicate that they are originals or certified copies of originals.

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Applicant's Signature

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Date

**\*\*All applicants must sign acknowledging availability of the Veterans' Preference employment policy\*\***

## EMPLOYMENT APPLICATION DRUG POLICY STATEMENT

A drug-free work place policy has been adopted by the City of Leesburg in accordance with Section 440.102, Florida Statutes.

It is the policy of the City of Leesburg to ensure a drug-free work place. Employees are required to refrain from the use of drugs and from possessing, distributing, dispensing or being under the influence of drugs while at the work place. Persons who unlawfully use, possess, distribute or dispense drugs, or who are under the influence of illegal drugs while in the work place are deemed not suitable for employment. Any employee or job applicant who refuses to submit to a drug test shall be subject to discipline or discharge by the City in the case of an employee, or refusal to hire by the City of any job applicant.

Certain employees of the City of Leesburg fall within the purview of the collective bargaining agreements between the City and the Professional Firefighters of Leesburg. The relevant articles in these bargaining agreements shall prevail in the cases of conflict between this policy and the bargaining agreements until such time as the bargaining agreements expire. An employee who is disciplined may pursue any applicable remedy or appeal pursuant to the agreements with the Public Employees Relations Commission, the City or an applicable court.

The City will conduct the following types of drug tests as authorized by Florida Statutes and pursuant to City Policy: Job Applicant Testing; Reasonable Suspicion Testing; Routine Fitness for Duty Testing; and Follow-Up Testing. Certain departments/positions are governed by the Department of Transportation 49 CFR Part 199 and 49 CFR Part 40 regulations and the Federal Highway Administration 49 CFR Parts 382 and 391 and are also subject to random and post-accident testing.

Employees and job applicants who are using prescription and non-prescription medication may report such facts to the City before or after being tested by a signed, dated letter to his/her department supervisor or the Human Resources Director, as the case may be. A list of the most common medications which may alter or affect a drug test may be obtained from the office of the Human Resources Director.

Employees and job applicants have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication. The name and address of the laboratory conducting the drug testing will be provided to the applicant/employee at the time of the test. It is the employee's or job applicant's responsibility to notify the laboratory of any administrative or civil actions brought pursuant to the Drug-Free Work Place Policy.

An employee or job applicant who receives a positive confirmed drug test result may submit information to the City contesting or explaining the results within 5 working days after written notification of the positive test result.

The names, addresses, and telephone numbers of local employee assistance programs and alcohol and drug rehabilitation programs are made available to employees through the City Human Resources Office.

All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the City through a drug testing program are confidential communications and will not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceeding, except in accordance with Section 440.102, Florida Statutes; in determining compensability under Chapter 440, Florida Statutes, or pursuant to Florida's Public Records Act.

The following is a list of the drugs for which the City may test, described by brand names or common names, as applicable, as well as by chemical names:

**DRUGS**

**TRADE OR COMMON NAMES**

Alcohol

Narcotics

Opium  
Morphine  
Codine  
  
Heroin  
Hydromorphone  
Meperidine (Pethidine)  
Other Narcotics

Dover's Powder, Paregoric, Parepectolin  
Morphine, Pectoral Syrup  
Tylenol with Codeine, Empirin Compound with Codine,  
Robitussin A-C  
Diacetylmorphine, Horse, Smack  
Dilaudid  
Demeoral, Mepergan  
LAAM, Leritine, Numorphan, Percodan, Tussionex, Fentanyl,  
Darvon, Talwin, Lomotil

Depressants

Chloral Hydrate  
Barbiturates  
Benzodiazepines  
  
Methazualone  
Glutethimide  
Other Depressants

Noctec, Somnos  
Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate  
Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax,  
Serax, Traxene, Valium, Verstran, Halcion, Paxipam, Restoril  
Quaalude  
Doriden  
Equanil, Miltown, Noludar, Placidyl, Valmid

Stimulants

Cocaine  
Amphetamines  
Phenmetrazine  
Methylphenidate  
Other Stimulants

Coke, Flake, Snow, Crack  
Biphetamine, Delcobese, Desoxyn, Dexedrine, Mediatric  
Preludin  
Ritalin  
Adipex, Barcarate, Cylert, Didrex, Ionamin, Pelgine, Pre-Sate,  
Sanorex, Tnuate, Tepanil, Voranil

Hallucinogens

LSD  
Mescaline and Peyote  
Amphetamine, Variants  
Phencyclidine  
Phencyclidine Analogs  
Other Hallucinogens

Acid, Microdot  
Mexc, Buttons, Cactus  
2, 5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB  
PCP, Angel Dust, Hog  
PCE, PCPy, TCP  
Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn

Cannabis

Marijuana  
Tetrahydrocannabinol  
Hashish  
Hashish Oil

Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks  
THC  
Hash  
Hash Oil

Propoxyphene

Darvocet, Darvon N, Dolene

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND ACKNOWLEDGE THAT THE CITY OF LEESBURG IS A DRUG-FREE WORKPLACE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## PERMISSION FOR JOB BACKGROUND INVESTIGATION AND RELEASE FORM FOR CONSUMER REPORTS

I, the undersigned Applicant, agree and authorize the City of Leesburg to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested, including consumer credit, criminal records, driving record, education, prior employer verification, and others. These reports may include experience along with reasons for termination of past employment. Further, I understand that the City of Leesburg will be requesting information from various Federal, State, local and other agencies which contain my past activities. Poor credit history and/or conviction(s) alone will not automatically result in disqualification from employment.

I hereby consent to take and/or allow any background investigations, pre-employment physicals and drug screenings required by the City, and as allowed by law, for my employment with the City.

I hereby authorize without reservation, any party or agency contacted by the City of Leesburg to furnish the above-mentioned reports at any time during my employment with the City of Leesburg.

I have the right to make a request of the credit reporting agency, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

Print your name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License - State: \_\_\_\_\_ Number: \_\_\_\_\_

*For Identification Purposes:*

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Race: \_\_\_\_\_ Gender \_\_\_\_\_

Other or former names: \_\_\_\_\_

Professional License - State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Witness Name

**Application will be considered as incomplete if applicant's signature is not witnessed**

## SOCIAL SECURITY NUMBER COLLECTION POLICY

I have received the City of Leesburg's Social Security Number Collection policy as prescribed by Florida Statute 119.071(5)

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Signature

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Please Print Name

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Date Received

## **CITY OF LEESBURG, FLORIDA SOCIAL SECURITY NUMBER COLLECTION POLICY**

Florida Statute 119.071(5) provides that a “commercial entity” engaged in performance of a “commercial activity” may access Social Security numbers through a public records request under specified conditions. The statute provides definitions of “commercial entity” and “commercial activity” and provides a list of requirements the commercial entity must meet in order to access Social Security numbers.

The City of Leesburg, Florida is required to have a written Social Security number collection policy. This policy must be provided to an individual when the City of Leesburg collects that individual’s Social Security number.

Social Security numbers collected by an agency may not be used by the agency for any purpose other than the purpose provided in the written statement.

All public records requests for Social Security numbers must be referred to the City Clerk.

The City of Leesburg, Florida, collects your social security number for any of the following purposes:

- (1) Classification of accounts, Identification and verification, Credit worthiness, Billing and payments, Data collection, reconciliation, tracking benefit processing, tax reporting;
- (2) To facilitate collection of debts on past due accounts including utility accounts;
- (3) To conduct credit checks on potential utility customers
- (4) To verify identity
- (5) To render IRS Form 1099 to persons for whom Federal law requires the City to issue that form
- (6) To conduct background checks on possible vendors, employees, or independent contractors
- (7) To complete fingerprint cards as necessary
- (8) For arrest warrants or affidavits
- (9) For issuance of taxi or peddler/solicitor permits
- (10) For checks and confirmations of warrants
- (11) For suspect reports
- (12) For credit counseling
- (13) For mortgage applications
- (14) For SHIP applications for down payment assistance through Lake County
- (15) For the following purposes related to Human Resources Department:
  - a. Applicant Tracking
  - b. Child Support Enforcement
  - c. Internal Revenue Service Levies
  - d. Savings Bonds
  - e. Insurance coverage
  - f. Payroll deductions
  - g. Employee evaluations
  - h. Pension and benefits
  - i. Workers Compensation
  - j. Verification of employment
  - k. ICMA (International City Manager Association) Pension or Benefit payments
  - l. Unemployment taxes and quarterly reports
  - m. Collection and remittance of taxes
  - n. Personnel Identification
  - o. Computer Purchase Agreements
  - p. Family Medical Leave Act paperwork
  - q. General Personnel Matters

Social Security numbers are also used as a unique numeric identifier and may be used for search purposes. Social Security numbers will not be disseminated to the public except as provided by applicable State of Florida and Federal law as now in effect or as hereafter amended.