



**CITY OF LEESBURG**  
HUMAN RESOURCES DEPARTMENT  
501 West Meadow Street  
PO Box 490630  
Leesburg, Florida 34749-0630

Phone: (352) 728-9786 x1200  
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[www.leesburgflorida.gov](http://www.leesburgflorida.gov)

**SEASONAL / TEMP EMPLOYMENT APPLICATION**

The City of Leesburg is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, marital status or any other characteristic protected by law.

The City of Leesburg is a Drug-free Workplace in accordance with Section 440.102, Florida Statutes.

Position Applying For \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle (Maiden)

Email Address \_\_\_\_\_

Present Address \_\_\_\_\_  
# Street City State Zip

Mailing Address \_\_\_\_\_  
(if different) # Street City State Zip

How long have you lived at your present address? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
City State

Do you have relatives employed by the City of Leesburg? Yes \_\_\_ No \_\_\_ If yes, give name, relationship and department where they are currently employed \_\_\_\_\_  
\_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Name Relationship Telephone Number

Have you ever pled No Contest to or been convicted of a felony or first degree misdemeanor? \_\_\_\_\_  
If yes, explain fully. Conviction will not necessarily disqualify an applicant from employment, but will be weighed on its own merit with respect to time, circumstances, seriousness and the position for which you have applied.  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for the City of Leesburg? Yes \_\_\_ No \_\_\_

If yes, give employment date(s) \_\_\_\_\_

Employing department(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

## 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	

## 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.

**(Please attach resume or additional job history)**

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

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification or dismissal from employment in accordance with City of Leesburg Personnel Policy.

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

\_\_\_\_\_  
Date

List the job related skills you possess:

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

NAME & OCCUPATION	ADDRESS (CITY & STATE)	DAYTIME PHONE WITH AREA CODE
<hr/>	<hr/>	(____) _____
<hr/>	<hr/>	(____) _____
<hr/>	<hr/>	(____) _____

## 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.