

# APPLICATION FOR EMPLOYMENT

**Mail/Hand Deliver to:**

City of Valparaiso  
 Human Resources Department  
 465 Valparaiso Pkwy  
 Valparaiso, FL 32580



**Main Number:** (850) 729-5402  
**Fax:** (850) 678-4553  
**E-mail:** cityclerk@valp.org

**TO BE CONSIDERED FOR EMPLOYMENT, ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED**  
**You must be 18 years of age to apply**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Primary Phone	E-mail Address		
Secondary Phone	Social Security No.	Desired Salary	
Position for which you are Applying (or areas of interest): _____			
How did you hear about this position? _____			
Valid Driver's License?	YES <input type="checkbox"/> NO <input type="checkbox"/>	State and DL#	
Commercial Driver License?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Type & Endorsements:	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you seeking	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
On what date would you be available for work? _____			
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Can you travel if the job requires it?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever been employed by the City before?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you legally authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever been discharged from employment because your work or conduct was not satisfactory?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please give dates and explanation	
If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the United States.			
Have you ever been convicted of a felony in the past 7 (seven) years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please give dates and explanation	

**\*\*Note:** conviction does not necessarily bar you from employment.

EDUCATION			
High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

**KNOWLEDGE & SKILLS**

Please list any knowledge, skills and abilities you possess and believe relevant to the position you seek, such as operating equipment (specific types), computer skills (specific programs) etc.

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Please include any additional, information that you think would be helpful to us in considering you for employment.

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**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Occupation	Phone (     )
Address	
<hr/>	
Full Name	Relationship
Occupation	Phone (     )
Address	
<hr/>	
Full Name	Relationship
Occupation	Phone (     )
Address	

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		
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**EMPLOYMENT HISTORY** (Please list all current and /or previous employment. Begin with your current or most recent position and list all previous positions in chronological order. If additional space is needed please submit supplemental sheets. Resumes may be included.)

Employer Name	Phone	Supervisor
Address		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours
Starting Date of Employment:	Ending Date of Employment:	Reason for Leaving:
Job Title	Starting Salary:	Ending Salary:
Duties/Responsibilities		

Employer Name	Phone	Supervisor
Address		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours
Starting Date of Employment:	Ending Date of Employment:	Reason for Leaving:
Job Title	Starting Salary:	Ending Salary:
Duties/Responsibilities		

Employer Name	Phone	Supervisor
Address		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours
Starting Date of Employment:	Ending Date of Employment:	Reason for Leaving:
Job Title	Starting Salary:	Ending Salary:
Duties/Responsibilities		

Employer Name	Phone	Supervisor
Address		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours
Starting Date of Employment:	Ending Date of Employment:	Reason for Leaving:
Job Title	Starting Salary:	Ending Salary:
Duties/Responsibilities		

Employer Name	Phone	Supervisor
Address		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours
Starting Date of Employment:	Ending Date of Employment:	Reason for Leaving:
Job Title	Starting Salary:	Ending Salary:
Duties/Responsibilities		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application of employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application; interview(s) or any part of the employment process may result in my discharge. I understand that if offered employment with the city of Valparaiso, I will be required to provide proof of eligibility to work in the United States and will be required to abide by all City of Valparaiso rules and regulations.

I hereby give consent to duly authorized representatives of the City of Valparaiso to contact any former employers, educational institutions indicated, and any other persons or organizations that it determines might have information relevant to this application.

I further give consent to said organizations to divulge relevant information to the City of Valparaiso, notwithstanding that it might otherwise be confidential, such as records of disciplinary proceedings.

As part of the application process, it may be necessary for us to conduct a background investigation on you. For these reasons you will be required to provide your social security number on your application. Please be advised, that your social security number will be used solely for this purpose.

I verify that I am able to perform the physical duties of the position I am applying for.

I understand and agree that the City of Valparaiso is a drug free workplace. The City of Valparaiso may conduct drug screenings for: Job applicant testing, random, routine fitness for duty testing, reasonable suspicion testing, post-accident and injury testing, follow-up testing and return to duty testing.

I understand that by accepting this application, the City incurs no liability for my future employment and that acceptance of an offer of employment does not create a contractual obligation upon the City to continue employment in the future.

By this document, the City of Valparaiso discloses to you that various reports may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. I understand that these reports will not be used for any purpose other than employment. Please sign below to signify acknowledgement of the disclosure and authorization for the City of Valparaiso to request copies of such reports.

The City is an Equal Employment Opportunity Employer and will consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Individuals who require accommodations in order to complete the employment application process should contact the Human Resources Manager at the phone number (850) 729-5402.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Thank you for your interest in the City of Valparaiso.  
We only contact applicants that are selected for interviews.**