



CITY OF BOCA RATON
Human Resources Division
201 West Palmetto Park Road
Boca Raton, Florida 33432
EQUAL OPPORTUNITY EMPLOYER

DEAR APPLICANT:

Attached is a copy of the City of Boca Raton Application for Employment. Please be sure that the application is complete before submitting application to the City.

Any position that is in one of our bargaining units requires that the applicant be a non-smoker for at least one year prior to completion of application. An Oath of Affirmation attesting to this fact must be completed and submitted with all applications for Union positions. The City of Boca Raton has three (3) unions: F.O.P., I.A.F.F., and N.C.F&O.

All secretarial and clerical positions require successful completion of typing test, clerical test and computer software tests before submission of application. Applicants for these positions must apply in person at City Hall in the Human Resources office.

If you are interested in an application for the position of Police Officer or Firefighter, just e-mail us with your request and your regular mailing address. Both are ongoing recruitments.

Thank you for your interest in employment with the City of Boca Raton.

Sincerely,

THE HUMAN RESOURCES STAFF



APPLICATION FOR EMPLOYMENT CITY OF BOCA RATON

Human Resources Division
201 West Palmetto Park Road
Boca Raton, Florida 33432
EQUAL OPPORTUNITY EMPLOYER

APPLICATIONS FROM INDIVIDUALS WHO DO NOT MEET THE MINIMUM REQUIREMENTS FOR THE POSITION APPLIED FOR WILL NOT BE ACCEPTED

NAME
Last _____ First _____ Initial _____

PRESENT ADDRESS
No. and Street _____ City/State _____ Zip _____

HOME TELEPHONE _____ **BUSINESS TELEPHONE** _____ **BEEPER/CELLULAR PHONE NO.** _____
() () ()

List County and State of all previous locations where you have resided for the past 7 years:

NAME _____
LAST _____
FIRST _____
Jan _____
July/Pink _____
Feb _____
Aug (Blue) _____
March _____
Sept (Yellow) _____
April _____
Oct (Orange) _____
May _____
Nov/Purple _____
June _____
Dec (Green) _____

POSITION APPLIED FOR:

(SPECIFIC TITLE) (LOCATION)

FULL TIME PART-TIME
(PLEASE CIRCLE ONE)

Union positions require that the applicant be a non-user of tobacco products for at least one year prior to application.
Please check one: Have used tobacco products _____ Have not used tobacco products _____

PLEASE COMPLETE INFORMATION BELOW IF POSITION REQUIRES DRIVER'S LICENSE:

DRIVER'S LICENSE NUMBER _____ EXPIRATION DATE: _____

ISSUING STATE _____ CLASS: A B C D E ENDORSEMENT _____
(Please circle)

EDUCATION:

SCHOOLS	NAME AND ADDRESS OF SCHOOL	DID YOU GRADUATE	MAJOR COURSE WORK	DEGREE
High School				
College				
Other				

Circle highest grade completed High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3 4

MILITARY SERVICE:
Branch of Service _____ Date Entered _____ Discharge Date _____
If claiming Veteran's Preference, appropriate form and copy of your DD214 must be attached.

EXPERIENCE: YOU MUST COMPLETE THIS SECTION WHETHER YOU SUBMIT A RESUME OR NOT. DESCRIBE IN DETAIL YOUR PREVIOUS EMPLOYMENT BEGINNING WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS. YOU MUST LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS. BE SURE TO ACCOUNT FOR ANY PERIODS OF UNEMPLOYMENT, VOLUNTEER WORK AND MILITARY SERVICE. APPLICANTS MAY BE REQUIRED TO FURNISH PROOF OF EXPERIENCE CLAIMED. Attach more sheets if necessary.

Length of Employment From: Mo. Yr.	Firm Name	Address	Tele. # ()
To:	Type of Business	Your Title	Name and Title of Your Supervisor
Salary	Duties: Describe the nature of the work personally performed by you.		
Hours Per Week			
Reason for leaving			

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Do you have any objections to the City making an inquiry of your PRESENT employer regarding your qualifications? Yes _____ No _____

Have you ever been employed by the City of Boca Raton? Yes _____ No _____ If yes, please complete section below.

DATE OF EMPLOYMENT	POSITION HELD	SUPERVISOR	DEPARTMENT/DIVISION

Are you related to any City of Boca Raton officials or employees? Yes _____ No _____

If yes, please state Name, Department, Division and relationship _____

Have you ever been convicted of a felony? Yes _____ No _____

Type: _____ Year: _____

NOTE: A conviction does not automatically disqualify you. What you were convicted of and how long ago are important. Please give all the facts.

Please list three responsible persons (other than relatives and past employers) who have knowledge of your qualifications for employment.

	NAME	OCCUPATION	ADDRESS	PHONE NUMBER	YEARS KNOWN
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

List all professional organizations to which you belong that have a direct bearing upon your qualifications for the job you are seeking:

Give the following information about any professional registration, licensure or certification that you hold:

Type: _____

Authorized by: _____ Official No. _____
 (Federal or State Examining Board)

Type: _____

Authorized by: _____ Official No. _____
 (Federal or State Examining Board)

Give details of any special skills, training, or apprenticeship. Please include skills such as typing, adding machine, word processing programs, spreadsheet, and types of computers and/or office machinery, tools, heavy or light equipment, and any other machinery.

In your own words, explain how you qualify for the position applied for. Please be specific.

Please indicate how you first learned about this position:

- _____ Cable TV (City Access)
- _____ Job Line
- _____ Newspaper ad - Name of Paper _____
- _____ Internet
- _____ Professional journal or publication - Name of Publication _____
- _____ City of Boca Raton job announcement
- _____ Referral
- _____ Walk-in/Write-in
- _____ Job Fair – Location _____
- _____ Other – Explain _____

I hereby certify that the questions on this application have been answered fully, correctly, and truthfully, and I hereby authorize this employer to contact my former employers, references and other sources in order to verify the facts furnished regarding my character and qualifications. I hereby release any such employer or persons from liability of any nature on account of furnishing such information. I further understand that to verify portions of information I will have to provide my social security number, and if the position I am applying for requires a driver's license, I will have to provide my driver's license number. I understand that any misleading, incorrect or untruthful statements may render this application void, and if I am employed, they would be just cause for termination of my employment. My signature on this application will serve as my consent to a urinalysis drug screening (if required) and my agreement to hold the City of Boca Raton, its employees and agents, harmless from any action taken by the City arising out of such testing.

Print Name

Signature

Date

-----**DO NOT WRITE BELOW THIS LINE**-----

THIS INFORMATION WILL BE OBTAINED IF AN OFFER IS MADE, CONTINGENT UPON A BACKGROUND INVESTIGATION, WHICH INCLUDES A CRIMINAL BACKGROUND CHECK FOR ALL POSITIONS.

Social Security Number _____ **Date of Birth** _____

FOR OFFICE USE ONLY

DATE	TEST	SCORE	INTERVIEWER	COMMENTS*

* INT – Selected for Interview, NS – Not Selected for Interview

CITY OF BOCA RATON

EEO DATA COLLECTED FOR GOVERNMENT REPORTING

Please Note: Completion of this form is strictly voluntary.

Applicants for employment with the City of Boca Raton are considered without regard to race, color, religion, gender, sexual preference, national origin, age, disability or marital status. However, the Federal Government requires that the City keep statistics on the number of women, minorities, veterans and disabled persons who apply for jobs. Information provided below will be used for statistical purposes only and will be separated from the application prior to the application being reviewed for consideration.

Position applied for _____ Date _____

Name _____

Street Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Date of Birth ____/____/____ If under 18, state age _____ Gender: Male _____ Female _____

Check one of the following race/ethnic groups:

White _____ Black _____ Hispanic _____ American Indian/Alaskan Native _____ Asian/Pacific Islander _____

Are you legally authorized to work in the United States? Yes _____ No _____

Do you have a physical or mental disability that substantially limits one or more major life function(s)?

Yes _____ No _____ Type _____

Not necessary for all Applicants

STATE OF FLORIDA

COUNTY OF PALM BEACH

CITY OF BOCA RATON

OATH OF AFFIRMATION

I, _____, having made an application for a position with the City of Boca Raton, do hereby solemnly swear or affirm that I am, and have been a nonuser of cigarettes and other tobacco products for at least one year immediately preceding the date of my application.

I understand that if I use cigarettes or any tobacco product subsequent to the date of my application that doing so will disqualify me from consideration for the position of which I am applying.

I further understand that pursuant to a collective bargaining agreement between the City of Boca Raton, and **National Conference of Fireman & Oilers (N.C.F.O.)**, it is a condition of my employment that I do not use cigarettes and other tobacco products on or off the job during the term of my employment with the City. I further understand that my failure to comply with this requirement shall result in my dismissal.

Signature _____

Date _____