



PLEASE RETURN TO:
City of Cape Canaveral
Personnel Department
105 Polk Avenue
Cape Canaveral, FL 32920
Phone: (407) 868-1221

Application for Employment

Position(s) Applied For _____

_____ Date of Application ____/____/____

Referral Source: Advertisement Employee Relative Government Emp. Agency
 Walk-In Private Employment Agency Other

Name of Source (if applicable) _____ Date Available for Work ____/____/____

PERSONAL INFORMATION

Name: (last) _____ (first) _____ (middle) _____

Address: (street) _____ (city) _____ (state) _____ (zip) _____

Mailing Address: (street) _____ (city) _____ (state) _____ (zip) _____

Telephone No.: () _____ If necessary, best time to call you at home _____

May we contact you at work? Yes No If yes, work number _____ and best time to call _____

Are you a U. S. citizen? Yes No Are you at least 18 years of age? Yes No

Social Security No. _____ Commercial or Driver's License No. _____ State _____
(please circle type) (if required by)

Have you ever been convicted of a crime? Yes No If yes, give details _____

Have you ever previously been employed by the City? _____ If yes, when and in what position? _____

Do you have a relative currently working for the City? Yes No

If yes, (name) _____ (relationship) _____

(name) _____ (relationship) _____

JOB INTEREST

Salary Desired _____ Minimum you will accept _____

Type of employment desired: Full Time Part Time Temporary Seasonal

EDUCATION

Circle Highest Grade Completed:

Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Name	Location	Major	Degree
High School			
College Graduate School			
Vocational School			
Other Training			

Are you currently in pursuit of a degree? Yes No If yes, cite course of study and number of credits earned: _____

MILITARY SERVICES RECORD

Were you in U. S. Armed Forces? Yes No If yes, what branch? _____

Date of duty: From ___ / ___ / ___ To ___ / ___ / ___ Grade at discharge _____

List duties in the service including special training _____

Are you a member of any branch of the military or Naval Reserves? Yes No

Have you taken any training under the G. I. bill of Rights? Yes No If yes, what training did you take? _____

Are you claiming Veteran's Preference? Yes No

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS

List details of all skills, aptitudes and other qualifications which you feel are relevant to employment.

Typing speed (words per minute) _____ Shorthand speed (words per minute) _____ Speedwriting (words per minute) _____

Office machines you can operate _____

List any machinery or heavy equipment that you have operated efficiently:

Cite any special skills you have which are related to the job for which you have applied: _____

WORK EXPERIENCE

Please list all sources of employment since high school or for the past ten (10) years, whichever is greater: **Note: Complete addresses are essential. A resume may be attached, but all spaces on application must be fully completed.**

I	Name and address of Company and Type of Business	From	Job Title	Starting	Last
		Mo./Yr.	Describe the work you did	Salary	Salary
		To			Name of Supervisor
	Telephone	Mo./Yr.			
Reason for leaving					

II	Name and address of Company and Type of Business	From	Job Title	Starting	Last
		Mo./Yr.	Describe the work you did	Salary	Salary
		To			Name of Supervisor
	Telephone	Mo./Yr.			
Reason for leaving					

III	Name and address of Company and Type of Business	From	Job Title	Starting	Last
		Mo./Yr.	Describe the work you did	Salary	Salary
		To			Name of Supervisor
	Telephone	Mo./Yr.			
Reason for leaving					

IV	Name and address of Company and Type of Business	From	Job Title	Starting	Last
		Mo./Yr.	Describe the work you did	Salary	Salary
		To			Name of Supervisor
	Telephone	Mo./Yr.			
Reason for leaving					

Account for unemployment since leaving school and between positions for the last ten (10) years:

From	To	State what you were doing:

Persons other than relatives who can confirm unemployment:

Name	Telephone Number (include area code)

May we contact your present employer? Yes No If no, when may we contact? _____

REFERENCES

(Excluding former Employers or Relatives)

Name and Occupation	Address	Phone Numbers
1. _____	_____	Day: _____ Eve: _____
2. _____	_____	Day: _____ Eve: _____
3. _____	_____	Day: _____ Eve: _____

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity with the City of Cape Canaveral will be based only on your merit, the American Disabilities Act, and Veterans Preference Act.

Your application for employment will be maintained in the Personnel Department's active file for a total of six (6) months from the date of completion.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

STATUS: I understand that positions regarded as part time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full time positions, with the exception of FICA and Worker's Compensation.

PROBATION PERIOD: I understand that my position with the City is temporary during the probationary period established. My employment may be ended before the expiration of that period for any lawful reason without recourse.

PHYSICAL EXAMINATION: I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the Americans With Disabilities Act (ADA). I further understand that the physical examination shall include a drug/alcohol screening test. Any illegal or controlled dangerous substance which shows in my test results will cause my immediate disqualification for employment with the City. If I refuse to take a drug/alcohol screening test, I will be eliminated from consideration for employment.

STATEMENT OF APPLICATION: I, the undersigned applicant, understand and acknowledge that previous employers will be contacted for references. I authorize my former employers to furnish their records of my service. I also release my former employers from any liability for any damage in providing this information.

CERTIFICATION: I agree that any false or misleading information supplied by me will be cause for canceling the application process. After my hire date, it may cause my dismissal from City service. I have answered all the questions on this form completely and truthfully. This application must be fully completed. Incomplete applications may be rejected.

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures and policies of the City.

Signature: _____

Date ____ / ____ / ____



CITY OF CAPE CANAVERAL, FLORIDA

NOTICE TO APPLICANT REGARDING VETERANS' PREFERENCE

The Florida Administrative Code (FAC) rule implementing the provisions of Chapter 295, Florida Statutes, giving Veterans' Preference in employment became effective March 30, 1988. Preference eligible applicants who meet the qualifications for the position shall be given preference over any other applicant with equal qualifications.

After October 1, 1987, a veteran's preference can be used only one (1) time and expires when the applicant is employed in a position for which he or she has claimed preference.

DOCUMENTATION, AS STATED BELOW, MUST BE SUBMITTED WITH THE EMPLOYMENT APPLICATION TO BE GIVEN VETERANS' PREFERENCE.

Veterans, Disabled Veterans and Spouses of Disabled Veterans DV shall furnish Form DD-214 (Military Discharge Papers) or its equivalent from the VA listing military status, dates of service and discharge type.

Disabled Veterans shall also furnish a document from the VA, DOD or the Division of Veterans's Affairs certifying that the Veteran has a service connected disability.

Spouses of Disabled Veterans shall also furnish either a certification from the DOD or the VA that the veteran is totally and permanently disabled or an identification card issued by the Division of Veteran 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 application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service connected disability.

Spouses of Persons on Active Duty shall furnish a document from the DOD or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of the application for employment.

Unmarried 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.

Please note that the City of Cape Canaveral is mandated by the State of Florida to give Veterans' Preference. All the rules and regulations regarding same are set by the State and the City has no control over them.

PLEASE COMPLETE AND SIGN THE SECOND PAGE OF THIS FORM. IF YOU ARE CLAIMING VETERANS' PREFERENCE, DOCUMENTATION MUST BE ATTACHED.

VETERANS' PREFERENCE

Are you claiming veteran's employment preference? _____ Yes _____ No

If the answer to the above question is Yes, please answer the following questions.

VETERANS' PREFERENCE: Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

- _____ 1. 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. Veterans Administration 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 or forcibly detained by a foreign power, or
- _____ 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era. Active duty for training is not allowable. or
- _____ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

_____ BRANCH OF SERVICE _____ DATE OF ENTRY _____ DATE OF DISCHARGE

Have you claimed and been employed through veterans' preference since October 1, 1987?

_____ Yes _____ No

If yes, give name of employer: _____

Note: Under Florida law, preference in appointment and employment shall be given, by the State and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans' Affairs, P. O. Box 1437, St. Petersburg, Florida 33731. A complaint shall be filed within twenty-one (21) days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.

I acknowledge that I have read and understood the rights expressed in this notice.

Applicant's Signature

Date: _____

ATTENTION APPLICANTS: PLEASE SIGN THE RESERVE SIDE OF THE FIRST PAGE OF THIS HANDOUT AND RETURN WITH YOUR COMPLETED APPLICATION TO THE CITY'S PERSONNEL DEPARTMENT.
THANK YOU.

CITY OF CAPE CANAVERAL, FLORIDA

NOTICE TO EMPLOYEES AND JOB APPLICANTS

THE CITY OF CAPE CANAVERAL ("City") provides you with this notice and statement of its policy regarding current and pre-employment screening for drug abuse. You should be aware of the following:

1. The City's program is conducted in accordance with Section 440.102, Florida Statutes, Drug-Free Work Place Program requirements. This notice is provided to you in accordance with Section 440.102 (3) (a).
2. Employees shall be subject to reasonable suspicion, and follow-up drug testing. Job applicants who are offered a job or placed on a waiting list shall be required to submit to a drug test.
3. An applicant whose drug test is positive and is thereafter confirmed will be denied employment. An applicant who refuses to submit to a drug test will be denied employment.
4. An employee whose drug test is positive and is thereafter confirmed may be required to participate in employee assistance programs, may be disciplined, or may be discharged.
5. An applicant who refuses to submit to drug testing shall be refused any offer of employment. An employee who refuses to submit to drug testing may be disciplined or discharged.
6. Drug test results shall be held in confidence; results will be made known only to City officials who have a need to know. Results will be known to testing laboratories and employee assistance programs and/or drug and alcohol rehabilitation programs that the employee/applicant engages. The employee/applicant may consent to disclose drug test results to any other person or entity.
7. Job applicants and employees may confidentially report the use of prescription or nonprescription medication both before and after being tested. Applicants and employees are notified that the medications contained on the attached Exhibit "A" may alter or affect a drug test.
8. For the job applicant's and employee's information, the following local organization provides employee assistance programs and drug rehabilitation programs:

Employee Assistance & Substance Abuse Rehabilitation Program

Name: UNIPSYCH - The Bradman Network
7777 Davie Road, Suite 302
Hollywood, FL 33024
(954) 704-8696 (800) 272-3626

9. A job applicant or employee who receives a positive confirmed drug test result may contest or explain the result within five (5) working days after written notification of the positive test result. If the applicant's or employee's explanation or challenge is unsatisfactory to the City, the job applicant or employee may contest the drug test result pursuant to rules adopted by the Department of Labor and Employment Security.
10. A job applicant or employee who institutes any civil action or administrative proceeding to challenge any test result must notify the laboratory that conducted the test and challenge.
11. The drugs for which the City will test are those drugs listed on Schedules I through V of Section 202 of the controlled Substances Act (21 U.S.C. §812). A list of all such drugs is attached hereto as Exhibit "B".
12. The City has a collective bargaining agreement with the International Union of Operating Engineers and persons who are the subject of that agreement should consult with the agreement and their union representatives regarding their rights to appeal any disciplinary action taken pursuant to this notice.
13. The City has no collective bargaining agreement with any other employee representative. A job applicant or employee who wishes to contest the results of any drug test must do so on his own behalf either in court or through the Public Employee Relations Commission.
14. Job applicants and employees have the right to consult the testing laboratory engaged by the City to perform tests for technical information regarding prescription and nonprescription medication.

Acknowledged and Accepted:

Signature

Printed or Typewritten Name

Date

