



HUMAN RESOURCES USE ONLY

Entered Reg.			
Rating	E.P.	V.P.	Total Score
		DIS.	

Division of Human Resources
 Human Resources Staffing Center
 115 S. Andrews Avenue
 Ft. Lauderdale, FL 33301
 (954) 357-6444

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR	JOB ANNOUNCEMENT NUMBER
------------------------------	--------------------------------

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name, the position title, and the announcement number. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the County and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. **THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.**

1. PRESENT LEGAL NAME				
Last Name	First Name	M.I.		
2. SOCIAL SECURITY NO.	3. WHEN AVAILABLE	If you require assistance with testing due to a disability, please notify our staff.		
4. APPLYING FOR — (Check all responses that apply)				
<input type="checkbox"/> Full time <input type="checkbox"/> Part time (19 Hours – No Benefits) <input type="checkbox"/> 20+ (Benefits) <input type="checkbox"/> Will Call (No Set Hours/No Benefits)				
5. HOME TELEPHONE NUMBER		6. DRIVERS LICENSE		
Area Code	Number			
OTHER TELEPHONE NUMBER				
Area Code	Number			
7. PRESENT ADDRESS		Application No.		
Street Address			Apt. #	
City			State Zip Code	
How long have you lived at present address? Years _____ Months _____				
8. PREVIOUS ADDRESS				
Street Address				Apt. #
City				State Zip Code
How long did you live at this address? Years _____ Months _____				

APPLICATION MUST BE SIGNED ON LAST PAGE OR IT WILL BE VOIDED

(Job 3) Previous Job						Employer _____	
From		To		Total Time		Address _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	Telephone Number _____	
						Your Job Title _____	
Hours per week _____						Supervisor's Name and Title _____	
Starting Salary \$ _____ per _____						Reason for Leaving Position _____	
Last Salary \$ _____ per _____							

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 4) Previous Job						Employer _____	
From		To		Total Time		Address _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	Telephone Number _____	
						Your Job Title _____	
Hours per week _____						Supervisor's Name and Title _____	
Starting Salary \$ _____ per _____						Reason for Leaving Position _____	
Last Salary \$ _____ per _____							

Specific Duties _____

Number of employees supervised (if applicable) _____

11. LIST ANY RELEVANT VOLUNTEERWORK AND ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

12. SPECIFIC SKILLS — List below the Job Number from your Employment Record (Section 10) and total number of months of experience in **skillfully** operating the equipment and/ or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

No. of Mths.	Job No.	List of Office & Related Equipment Operated	No. of Mths.	Job No.	List of All Other Equipment Operated	No. of Mths.	Job No.	List of Crafts, Trades & Technical Professions

13. List membership(s) in professional, job-related organizations _____

14. List any active professional, technical, occupational licenses or certificates and registrations you now hold _____

15. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties _____

Equal Employment Opportunity Information Form

The following is requested on a voluntary basis. The information you provide will not be sent to the program unit you are referred to for employment consideration. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research and analysis purposes. Information provided on this form will not aid or hinder your chances of being employed.

Date: _____

Social Security No.: _____

Name: _____

Job/Position Applied for: _____

Date of Birth: _____

Sex: _____ Female _____ Male

Race/Ethnic Categories (check one)

_____ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

_____ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, Japan, Korea, the Philippine Islands and Somoa.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

(OPTIONAL) If you are handicapped or disabled, please specify:

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT MUST BE MADE ON THE COUNTY'S OFFICIAL APPLICATION, FORM BC-100 - "**APPLICATION FOR EMPLOYMENT.**" RESUMES BY THEMSELVES DO NOT SATISFY THIS REQUIREMENT. APPLICATIONS MAY BE PICKED UP BETWEEN 8 A.M. AND 4 P.M. AT THE DIVISION OF HUMAN RESOURCES, PERSONNEL CENTER - ANNEX B, 115 S. ANDREWS AVE., FT. LAUDERDALE, FL 33301. APPLICATIONS CAN BE MAILED TO YOU UPON REQUEST BY CALLING (954) 357-6444. FOR SPECIAL COMMUNICATION NEEDS, PLEASE REFER TO ABOVE.

VETERAN/EMPLOYEE PREFERENCE: IN KEEPING WITH FLORIDA STATE LAW AND BROWARD COUNTY CIVIL SERVICE RULES, ONE POINT FOR EACH YEAR OF COUNTY SERVICE, TO A MAXIMUM OF FIVE POINTS, MAY BE ADDED TO THE NUMERICAL SCORE OF ELIGIBLE WARTIME VETERANS WHO ARE COUNTY EMPLOYEES; AND VETERAN'S PREFERENCE POINTS MAY BE ADDED TO THE NUMERICAL SCORE OF ELIGIBLE WARTIME VETERANS AND/OR THEIR SPOUSES. FOR VETERANS, POINTS ARE ASSIGNED AS FOLLOWS: FIVE POINTS IF THE DISCHARGE WAS HONORABLE; 10 POINTS FOR DISABLED VETERANS WHO ARE CURRENTLY RECEIVING DISABILITY COMPENSATION. POINTS WILL BE AWARDED ONLY IF SUPPORTING DOCUMENTATION IS SUBMITTED AT THE TIME OF APPLICATION. ACCEPTABLE DOCUMENTATION IS A COPY OF A DD-214 AND/OR PROOF OF RECEIPT OF DISABILITY BENEFITS DATED WITHIN SIX MONTHS OF THE DATE OF APPLICATION. MATERIALS SUPPLIED WITH THE APPLICATION BECOME THE PROPERTY OF THE COUNTY. DO NOT SUBMIT ORIGINAL/SOLE COPIES OF DOCUMENTS.

VETERAN PREFERENCE ELIGIBLES, WHO ARE INTERVIEWED FOR A POSITION AND WHO HAVE A HIGHER SCORE THAN A SELECTED NONPREFERENCE ELIGIBLE, MAY REQUEST AN INVESTIGATION BY THE STATE OF FLORIDA DEPARTMENT OF ADMINISTRATION, DIVISIONS OF VETERANS AFFAIRS, P.O. BOX 1437 ST. PETERSBURG, FL 33731. REQUESTS FOR INVESTIGATION MUST BE FILED WITHIN 21 DAYS OF NOTICE OF THE NONPREFERENCE SELECTION.

EXAMINATION, NOTICE OF RATING AND TERM OF ELIGIBILITY: CANDIDATES WHO COMPLETE THE APPLICATION AND EXAM PROCESS ARE SENT A NOTICE OF RATING INDICATING IF THEY ARE QUALIFIED FOR THE POSITION. STATUS ON THE ELIGIBLE LIST ESTABLISHED FROM THIS ANNOUNCEMENT IS FOR ONE YEAR BEGINNING WITH THE ISSUE DATE OF THE NOTICE OF RATING.

APPOINTMENTS AND MEDICAL EXAMINATION: NAMES OF CANDIDATES WHO RECEIVE RATINGS OF ELIGIBLE ON THIS EXAM ARE PLACED ON A LIST OF PERSONS WHO MAY BE CONSIDERED FOR THIS CLASSIFICATION. NAMES ON THE LIST ARE IN NUMERICAL SCORE ORDER. WHEN A VACANCY OCCURS, SELECTION IS MADE FROM THOSE STANDING HIGHEST ON THE LIST AT THAT TIME. EMPLOYMENT WITH THE COUNTY IS SUBJECT TO THE SELECTED CANDIDATE'S PASSING A MEDICAL EXAMINATION GIVEN BY THE COUNTY.

REQUIRED EDUCATION AND BACKGROUND INFORMATION: THIS ANNOUNCEMENT CONTAINS A DESCRIPTION OF THE EXPERIENCE AND/OR EDUCATION REQUIRED FOR THE CLASSIFICATION. APPLICANTS ARE RESPONSIBLE FOR CLEARLY EXPLAINING PRIOR WORK EXPERIENCE AND/OR PROVIDING ALL INFORMATION WHICH SUPPORTS THE APPLICATION AT THE TIME THE APPLICATION IS FILED. **TO BE CREDITABLE, ANY REQUIRED ACCREDITED COLLEGE OR UNIVERSITY EDUCATION MUST BE VERIFIABLE FROM A RELIABLE SOURCE WITHIN THE UNITED STATES OR ITS TERRITORIES OR POSSESSIONS, AND INFORMATION IDENTIFYING THAT SOURCE MUST BE SUBMITTED WITH THE APPLICATION.** NOTHING CAN BE ADDED TO AN APPLICATION ONCE THE ANNOUNCEMENT PERIOD HAS CLOSED. NOTE: MATERIALS SUBMITTED WITH APPLICATIONS BECOME THE PROPERTY OF THE COUNTY AND CANNOT BE RETURNED.

STARTING PAY: STARTING PAY IS NORMALLY THE MINIMUM OF THE SALARY RANGE.

IF THIS CLASSIFICATION REQUIRES ABILITY TO DRIVE COUNTY VEHICLES: IT MEANS SUCCESSFUL CANDIDATES MUST HAVE A VALID FLORIDA DRIVER'S OR CDL LICENSE AND WILL BE REQUIRED TO COMPLETE A REQUEST FOR AUTHORITY TO DRIVE COUNTY VEHICLES AT THE TIME OF APPOINTMENT WHICH MUST BE APPROVED. SUCH APPROVAL MUST BE MAINTAINED THROUGHOUT EMPLOYMENT. EMPLOYMENT MAY BE TERMINATED IF AUTHORITY TO DRIVE CANNOT BE ISSUED OR IS REVOKED.

IDENTIFICATION REQUIREMENTS: IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, AND THE REPORTING REQUIREMENTS OF THE INTERNAL REVENUE SERVICE AND THE FLORIDA STATE PENSION SYSTEM, APPLICANTS MUST BE PREPARED TO PRESENT A VALID PAPER SOCIAL SECURITY CARD AND A GOVERNMENTALLY ISSUED PHOTO I.D. AT THE TIME OF SELECTION INTERVIEW. A VALID PHOTO I.D. MAY BE OBTAINED AT ANY FULL-SERVICE FLORIDA DRIVER LICENSING OFFICE.

SPECIAL ACCOMMODATION AND COMMUNICATION NEEDS: BROWARD COUNTY IS PLEASED TO PROVIDE NECESSARY REASONABLE ACCOMMODATION IN THE TESTING PROCESS FOR DISABLED APPLICANTS. IT IS THE RESPONSIBILITY OF APPLICANTS REQUESTING REASONABLE ACCOMMODATION TO SUBMIT REQUESTS IN WRITING TO THE APPLICATIONS CENTER STAFF AT THE TIME OF SUBMISSION OF THE APPLICATION. THE DIVISION OF HUMAN RESOURCES ALSO MAINTAINS A TELEPHONE DEVICE FOR HEARING IMPAIRED USERS ONLY - (954) 357-5790.

BROWARD COUNTY SMOKING POLICY: BROWARD COUNTY'S SMOKING POLICY, COUNTY COMMISSION RESOLUTION 91-2047, PROHIBITS SMOKING IN COUNTY GOVERNMENT BUILDINGS, FACILITIES AND VEHICLES.

NOTE: TO BE CONSIDERED, APPLICATIONS MUST BE RECEIVED IN DIVISION OF HUMAN RESOURCES NO LATER THAN 4 P.M. ON THE CLOSING DATE INDICATED ABOVE. APPLICATIONS MAY BE RETURNED IN PERSON OR BY MAIL TO THE DIVISION OF HUMAN RESOURCES PERSONNEL CENTER OR TO THE 24 HOUR DROP BOX AT THE FRONT DOOR OF THE DIVISION OF HUMAN RESOURCES, PERSONNEL CENTER. FAXED OR ELECTRONICALLY SUBMITTED APPLICATIONS ARE NOT ACCEPTED.

BROWARD COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER OF SERVICES.