



**CITY OF LIGHTHOUSE POINT
2200 N.E. 38th Street
Lighthouse Point, Florida 33064
Phone Number (954) 943-6500
Fax Number (954) 784-3446**

EMPLOYMENT APPLICATION – GENERAL

INSTRUCTIONS:

This Application must be filled out accurately and completely. Please type or print (in ink) all information. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Applicants who submit incomplete applications will not be considered for employment.

All statements made on the Application are subject to verification. Any exaggerated, false, or misleading statements may be cause for disqualification from further consideration from employment and/or subsequent termination from employment. Eligibility for hire may be based on a rating of this Application; therefore, completeness and accuracy is of the utmost importance.

The City of Lighthouse Point provides reasonable accommodation to applicants with disabilities where appropriate. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Personnel/Human Resources Department at (954) 943-6500 or at 2200 N.E. 38th Street, Lighthouse Point, Florida 33064. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

The City of Lighthouse Point is an Equal Opportunity Employer.

FOR ADDITIONAL INFORMATION:

If you have any questions or require additional information, please call (954) 943-6500 or contact the Personnel/Human Resources Department at: City of Lighthouse Point, 2200 N.E. 38th Street, Lighthouse Point, Florida 33064.

IMPORTANT NOTICES TO ALL APPLICANTS:

Fraudulent conduct or false statements by any applicant or by another person on the applicant's behalf and with the applicant's knowledge, in any aspect of the employment evaluation process, will be cause for the exclusion of such applicant from consideration from employment.

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

CITY OF LIGHTHOUSE POINT GENERAL EMPLOYMENT APPLICATION

Position You Are Applying For: _____

1. GENERAL PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Current Residential Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail address (if available) _____

Social Security Number _____

Residential Addresses for prior five (5) years (include City, State, and Zip Code):

2. PRIOR EMPLOYMENT WITH CITY; AVAILABILITY FOR EMPLOYMENT

Have you ever worked for the City of Lighthouse Point? Yes No

If yes, please provide date(s) of employment _____

Are you one of the following: a U.S. citizen; a Lawful Permanent Resident; a Refugee; an Asylee; a Temporary Resident. ☺ Yes ☺ No

If not, state the basis for your employment authorization _____

Will you work night shift? Yes No

Will you work weekends? ☀ Yes ☀ No

Will you travel, if required by the position?

On what date are you available to begin work

CITY OF LIGHTHOUSE POINT GENERAL EMPLOYMENT APPLICATION

3. EMPLOYMENT HISTORY

This section must be completed in full as resumes will not be accepted as official applications.

Identify for the last ten (10) years your paid work experience beginning with your current or most recent job. List each promotion or transfer as a separate job, even if with an employer you have already listed. Include military service, part time employment, and self-employment. List all gaps in work history in the spaces provided. If necessary, attach additional sheets to this Application to ensure a complete listing of all employment.

Are you presently employed? No _____ Yes _____

Name of Current Employer _____

Current Job Title _____

Employer's Address _____

Employer's Phone Number _____

Dates of Employment _____ to _____

Starting Salary _____ Current Salary _____

Supervisor's Name and Title _____

Specific Job Responsibilities _____

Number of Employees Supervised (if any): _____

May we contact your present employer? No _____ Yes _____

If no, please explain _____

* * *

Name of Former Employer _____

Job Title _____

Employer's Address _____

Employer's Phone Number _____

Dates of Employment _____ to _____

Starting Salary _____ Ending Salary _____

Supervisor's Name and Title _____

Specific Job Responsibilities _____

Number of Employees Supervised (if any) _____

May we contact this former employer? No _____ Yes _____

If no, please explain _____

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Name of Former Employer _____
Job Title _____
Employer's Address _____
Employer's Phone Number _____
Dates of Employment _____ to _____
Starting Salary _____ Ending Salary _____
Supervisor's Name and Title _____
Specific Job Responsibilities _____

Number of Employees Supervised (if any) _____
May we contact this former employer? No _____ Yes _____
If no, please explain _____

Name of Former Employer _____
Job Title _____
Employer's Address _____
Employer's Phone Number _____
Dates of Employment _____ to _____
Starting Salary _____ Ending Salary _____
Supervisor's Name and Title _____
Specific Job Responsibilities _____

Number of Employees Supervised (if any) _____
May we contact this former employer? No _____ Yes _____
If no, please explain _____

Name of Former Employer _____
Job Title _____
Employer's Address _____
Employer's Phone Number _____
Dates of Employment _____ to _____
Starting Salary _____ Ending Salary _____
Supervisor's Name and Title _____
Specific Job Responsibilities _____

Number of Employees Supervised (if any) _____
May we contact this former employer? No _____ Yes _____
If no, please explain _____

CITY OF LIGHTHOUSE POINT GENERAL EMPLOYMENT APPLICATION

4. EMPLOYMENT SUMMARY

Have you ever been involuntarily terminated from employment or asked to resign from employment? No _____ Yes _____

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

Have you ever been subjected to disciplinary action (including written counseling, written reprimand, demotion, suspension, or termination), including during a probationary period? No _____ Yes _____

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

Have you ever terminated your employment while the subject of any investigation by an employer? No _____ Yes _____

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

5. MILITARY HISTORY/EMPLOYMENT

You must respond to all questions in this section even if all information was provided above in section 3.

Do you now or have you ever served in the United States Armed Forces?

No _____ Yes _____

Type of Discharge _____

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6. EDUCATION AND SPECIAL TRAINING

You should answer this section only to the extent required by the qualifications for the position for which you are applying. If you have any questions or require additional information, please contact the Personnel/Human Resources Department at (954) 943-6500.

Do you have a high school diploma? No _____ Yes _____

If yes, date obtained _____

If you do not have a high school diploma, do you have a G.E.D.?

No _____ Yes _____

If so, date obtained _____

If you do not have a high school diploma or G.E.D., please indicate the highest grade completed _____

Last high school attended _____
Name _____ City _____ State _____

Colleges and Universities Attended

Name and Location _____
Major/Minor Degree Field or Program of Study _____
Did you graduate? No _____ Yes _____ Type of Degree received _____
If no, indicate number of credit hours received _____

Name and Location _____
Major/Minor Degree Field or Program of Study _____
Did you graduate? No _____ Yes _____ Type of Degree received _____
If no, indicate number of credit hours received _____

Name and Location _____
Major/Minor Degree Field or Program of Study _____
Did you graduate? No _____ Yes _____ Type of Degree received _____
If no, indicate number of credit hours received _____

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6. EDUCATION AND SPECIAL TRAINING (continued)

Special Training Schools - Business, Trade, Vocational, Armed Forces

Name and Location	
Course/Subject Taken	
Certificates Received	
Total Hours Completed	Hours Required for Certification

Name and Location	
Course/Subject Taken	
Certificates Received	
Total Hours Completed	Hours Required for Certification

Name and Location	
Course/Subject Taken	
Certificates Received	
Total Hours Completed	Hours Required for Certification

If you have more education/training information to provide, please attach a separate sheet in the same format

7. CHARACTER REFERENCES

Do not include relatives, former employers, persons who live outside of the United States or its territories, or present supervisors. List only references who have definite knowledge of your qualifications and fitness for the position you seek. List three (3) persons.

Name	
Address (include City, State, and Zip Code)	
How long have you known this person?	Relationship

Name	
Address (include City, State, and Zip Code)	
How long have you known this person?	Relationship

Name	
Address (include City, State, and Zip Code)	
How long have you known this person?	Relationship

CITY OF LIGHTHOUSE POINT GENERAL EMPLOYMENT APPLICATION

8. DRIVER'S LICENSE INFORMATION

You should answer this section only to the extent required by the qualifications for the position for which you are applying. If you have any questions or require additional information, please contact the Personnel/Human Resources Department at (954) 943-6500.

Do you possess a valid Florida driver's license? No _____ Yes _____

If yes, what is your License number _____

Type of license you have _____

Date of issue _____ Expiration Date _____

Have you ever had a driver's license in any state other than Florida? No _____ Yes _____

If yes, what State _____

License number _____ Type of license _____

Date of issue _____ Expiration Date _____

PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS.

Date _____ Agency _____ Offense/Charge _____

Outcome _____ Points _____

Date _____ Agency _____ Offense/Charge _____

Outcome _____ Points _____

Date _____ Agency _____ Offense/Charge _____

Outcome _____ Points _____

If you have more than three citations within the last seven years, please attach a separate sheet in the same format

9. CRIMINAL HISTORY

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any felony or first degree misdemeanor? No _____ Yes _____

If yes, please identify the state in which the arrest occurred; the date of the arrest; the arresting agency; the offense(s) with which you were charged; whether the offense was a misdemeanor or felony; and the outcome of the charge.

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10. FINANCIAL

You should answer this section only to the extent required by the qualifications for the position for which you are applying. If you have any questions or require additional information, please contact the Personnel/Human Resources Department at (954) 943-6500.

Have you ever been brought into civil court for non-payment of a debt, had a credit or loan application declined, had property repossessed or auctioned, been evicted, or filed bankruptcy? No _____ Yes _____

If yes, explain (provide company involved, dates and locations):

List ALL debts you are presently paying, or which are outstanding. Include mortgages, car payments, credit cards, etc. List the creditor's name and phone number; amount owed; amount paid; period of payment (i.e., monthly, bi-weekly):

CITY OF LIGHTHOUSE POINT GENERAL EMPLOYMENT APPLICATION

Please read this statement carefully before signing below:

I hereby certify that each response on this Application and all other information I have provided in applying for employment with the City of Lighthouse Point are true and correct and contain no misrepresentations, omissions, or concealment of material fact. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification from further consideration for employment or discharge from employment at any time.

Copies of all required documents must be submitted prior to employment. All information and documentation is subject to investigation and verification

Applicant's Signature _____

Applicant's Name (print) _____ **Date** _____

PARENTAL CONSENT

By signing this form, I authorize my minor child to sign this employment application with the City of Lighthouse Point.

Parent/Guardian's Signature _____ Date _____

Did you remember to:

- Include your Social Security Number?
- Answer all questions completely?
- Complete the Employment History portion of the application in detail?
- Explain all gaps in employment?
- Complete application supplement, if applicable?
- Submit copies of documents requested, if applicable?
- Sign and date the application?

**CITY OF LIGHTHOUSE POINT
GENERAL EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT AGREEMENT

PART 1 of 4

**DISCLOSURE TO APPLICANT OF MEDICAL EXAMINATION REQUIREMENT
INCLUDING TEST FOR CURRENT USAGE OF DRUGS**

Prior to employment with the City of Lighthouse Point, some candidates with conditional job offers are required to submit to a medical examination to determine whether they are able to perform all essential job duties and to assure the safety, health, and welfare of City employees and the general public. The determination as to whether a medical examination is necessary is dependent on the classification of the job the applicant seeks. Additionally, the City of Lighthouse Point is a Drug-Free Workplace and, therefore, offers of employment are conditioned upon satisfactory results of drug testing. Conditional job offers will be revoked if the applicant refuses to submit to drug testing or if the results of the drug testing are unsatisfactory.

CONSENT TO MEDICAL EXAMINATION AND DRUG TESTING

In the event that I am conditionally offered employment by the City of Lighthouse Point, I voluntarily consent to a medical examination prior to my beginning employment, should the classification of the job for which I am being considered require such an examination. In the event that I am conditionally offered employment by the City of Lighthouse Point, I also consent to a drug test of my urine and/or blood and/or hair prior to my beginning employment. I hereby authorize and give full permission to have the City's contracted medical provider, its staff, and/or associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs. I authorize these results, whether positive or negative, to be given to a Medical Review Officer selected by the City and the City's Personnel Department. I release the City of Lighthouse Point, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination and/or drug test or the use of the results therefrom. I have read in full and understand the above Disclosure and Consent and conditions of employment contained therein.

Applicant's Name _____ (print name)

Applicant's Signature _____ **Date** _____

Witness' Signature _____ **Date** _____

PARENTAL CONSENT

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name _____ (print name)

Parent/Guardian's Signature _____ **Date** _____

**CITY OF LIGHTHOUSE POINT
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PRE-EMPLOYMENT AGREEMENT

PART 2 of 4

TOBACCO PRODUCTS AFFIDAVIT

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

Do you now or have you ever within the past twelve (12) months smoked or used tobacco products? Yes No

If yes, explain _____

AFFIDAVIT

I, _____, do hereby affirm that I have not used any tobacco products at any time during the twelve (12) months immediately preceding my application for employment with the City of Lighthouse Point. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Applicant's Name _____ **(print name)**

Applicant's Signature _____ **Date** _____

Witness' Signature _____ **Date** _____

**CITY OF LIGHTHOUSE POINT
GENERAL EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT AGREEMENT

PART 3 of 4

EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking employment with the City of Lighthouse Point, will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, credit reports, education records, former and current employers, and personal references. I hereby authorize the City of Lighthouse Point to obtain any information in your files pertaining to any past or present employment, credit, or educational records, including, but not limited to, academic achievement, the product of any and/or all background, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records. Additionally, I authorize the City of Lighthouse Point to conduct a credit, criminal, and driving record inquiry. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the City of Lighthouse Point. Consent is further granted for the City of Lighthouse Point to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____

Current Address _____

Telephone Number _____ Social Security Number _____

Driver's License Number _____ State _____

Other Prior Names/Aliases _____

Applicant's Signature _____ Date _____

PARENTAL CONSENT

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name _____ (print name)

Parent/Guardian's Signature _____ Date _____

**CITY OF LIGHTHOUSE POINT
GENERAL EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT AGREEMENT

PART 4 of 4

**NOTICE TO APPLICANT OR EMPLOYEE OF
INTENT TO OBTAIN A CONSUMER REPORT**

Dear Applicant:

In connection with your application for employment or your employment, the City of Lighthouse Point would like to procure certain background information concerning you which is contained in a consumer report. A consumer report may contain information regarding your: credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background.

Before we may procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, we will not consider you further for employment if you so decline. Attached to this form you will find a release which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure.

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant of Intent to Obtain a Consumer Report" letter attached to this form.

I understand that I have the right to decline authorization for the City of Lighthouse Point to procure a consumer report concerning me.

I understand that the consumer report may contain information concerning my: credit worthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background.

Understanding these rights,

I authorize the City of Lighthouse Point to procure a consumer report concerning me.
 I do not authorize the City of Lighthouse Point to procure a consumer report concerning me.

Name (Print Please) _____

Signature _____ Date _____

PARENTAL CONSENT

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name _____ (print name)

Parent/Guardian's Signature _____ Date _____

**CITY OF LIGHTHOUSE POINT
GENERAL EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT AGREEMENT

PART 4 of 4 (continued)

**NOTICE TO APPLICANT OR EMPLOYEE OF
INTENT TO OBTAIN A CONSUMER REPORT**

PLEASE PRINT ALL REQUESTED INFORMATION

Full Name _____ Other Names Used _____

Current Address _____ Telephone Number _____

City _____ State _____ Zip Code _____

Previous Address _____

City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Expiration Date _____

Social Security Number _____ Date of Birth* _____

Applicant's Signature _____ Date _____

Prospective Employ _____

PARENTAL CONSENT

By signing this form, I authorize my minor child to sign this employment application with the City of Lighthouse Point.

Parent/Guardian's Signature _____ Date _____

*Date of Birth is being requested to obtain accurate retrieval of records.