

**CITY OF CORAL GABLES
HUMAN RESOURCES DEPARTMENT
APPLICATION FOR EMPLOYMENT**

Application No. _____

INSTRUCTIONS

File No. _____

Please answer all questions that apply. Print legibly in ink or type application.

1. Position applied for: _____

Date of application: _____

2. Have you ever filed an application with the City before? NO YES If Yes, when and what position? _____

3. Your name: _____

LAST

FIRST

MIDDLE

List any other names by which you have been known: _____

FROM

TO

4. PRESENT address: _____

Street

City

State

Zip Code

Previous address: _____

5. Residence telephone: _____ Cellular telephone: _____

E-mail Address: _____ Other telephone: _____

DO NOT WRITE IN THIS SPACE

6. Only United States citizens or aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? YES NO

7. How did you learn of our position(s)?

Newspaper Ad (Name of Newspaper): _____

Internet Website: _____

Bulletin or Announcement Walk-in Other: _____

City Employee: _____

NAME

8. List relatives employed by the City, relationship and Department/Division: _____

9. Have you ever been employed by the City? YES NO

If so, dates of employment: _____

10. If you are applying for office work, complete the following:

a. Typing skills YES NO _____ (WPM)

b. Can you operate a personal computer? YES NO

c. What other office machines can you operate? _____

d. List computer programs you have used: _____

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11. If you are applying for work other than in an office, complete the following:

a. What type of equipment can you operate (include machines, tools and motorized equipment, if applicable);

b. Give details of any special skills, training, or apprenticeship; _____

c. List any trade licenses or certificates (include date and where issued); _____

12. EMPLOYMENT RECORD: In the spaces below provide information about your last four (4) jobs. IN ORDER, LIST YOUR JOBS BEGINNING WITH YOUR MOST RECENT OR PRESENT POSITION.

a. From: _____ To: _____ Position Title: _____
(Month) (Year) (Month) (Year)

Employer: _____ Starting Salary: \$ _____ per _____

Street address: _____ Final Salary: \$ _____ per _____

City & State: _____ Name of Supervisor: _____

Telephone Number: _____ Title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

May we contact your present employer regarding your duties and employment record? _____

b. From: _____ To: _____ Position Title: _____
(Month) (Year) (Month) (Year)

Employer: _____ Starting Salary: \$ _____ per _____

Street address: _____ Final Salary: \$ _____ per _____

City & State: _____ Name of Supervisor: _____

Telephone Number: _____ Title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

c. From: _____ To: _____ Position Title: _____
(Month) (Year) (Month) (Year)

Employer: _____ Starting Salary: \$ _____ per _____

Street address: _____ Final Salary: \$ _____ per _____

City & State: _____ Name of Supervisor: _____

Telephone Number: _____ Title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

d. From: _____ To: _____ Position Title: _____
(Month) (Year) (Month) (Year)

Employer: _____ Starting Salary: \$ _____ per _____

Street address: _____ Final Salary: \$ _____ per _____

City & State: _____ Name of Supervisor: _____

Telephone Number: _____ Title of Supervisor: _____

Description of duties: _____

Reason for leaving: _____

13. Have you ever been terminated for misconduct or unsatisfactory service, or forced to resign from any position? _____
If so, indicate when and where you were employed and give the reason for your termination or forced resignation:

14. MILITARY SERVICE:

Have you ever been in the U.S. Armed Forces? YES NO If yes, what branch? _____

Dates of duty: From _____ To _____
Month Day Year Month Day Year

Rank at Discharge: _____

Were you dishonorably discharged from military service? YES NO

If yes, explain: _____

Duties in the Service, including special training: _____

VETERAN'S PREFERENCE:

Do you wish to claim veteran's preference? YES NO

If yes, you must complete the City of Coral Gables VETERAN'S PREFERENCE IN EMPLOYMENT FORM. This form and its required documentation must be submitted with your employment application. You cannot be considered for veteran's preference without providing proper documentation with your employment application.

Have you applied for Veteran's preference with any state, county or municipality in Florida? YES NO

If yes, were you employed? YES NO

15. CONVICTION RECORD:

Have you ever pled nolo contendere (no contest) or pled guilty or been found guilty of a felony or a misdemeanor (other than a minor traffic violation)? YES NO

If yes, provide dates and explain. _____

Include all cases in which adjudication was withheld. _____

(NOTE: POLICE AND DRIVING RECORDS WILL BE CHECKED WHERE APPLICABLE. Information concerning convictions will not necessarily disqualify an applicant unless the conviction record indicates that the applicant would not be suitable or desirable for employment in a particular position.)

16. If the position which you are applying for requires that you operate a motor vehicle, please answer the following questions:

Do you have a valid Florida driver's license? YES NO

Check one: Operator _____ Commercial Driver's License _____ Type of CDL _____

Date of Issue: _____ License Number: _____

Your name exactly as it appears on your license: _____

Has your driver's license ever been suspended or revoked? _____ If yes, explain: _____

List all accidents and moving violations within the last two (2) years: _____
