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THE CITY OF FORT MYERS HUMAN RESOURCE DEPARTMENT

Physical Address: 1820 Hendry Street, Fort Myers, FL 33901

Mailing Address: P.O. Drawer 2217, Fort Myers, FL 33902

Phone: (239) 321-7061

Fax: (239) 344-5986

E-Mail: hrrecruiters@cityftmyers.com

IMPORTANT INFORMATION FOR ALL APPLICANTS:

- ❖ Please be advised that your application must be *completed in its entirety* in order to be considered. All information requested must be completed. Your application must be signed and dated.
- ❖ Resumes will only be accepted in addition to the submission of a completed application.
- ❖ Applications will only be accepted for positions that are currently open on our Vacancy List.
- ❖ A separate application must be completed for each position you are applying for.

Thank you



**City of Fort Myers
HUMAN RESOURCES**

Mailing Address: P.O. Box 2217 Fort Myers, FL 33902-2217
Physical Address: 1820 Hendry Street, Fort Myers, FL 33901
Phone: 239-321-7061 Fax: 239- 344-5986
Website: www.cityftmyers.com
e-mail: hrrecruiters@cityftmyers.com

OFFICE USE ONLY

DATE: _____
Test Results _____
STATUS _____

APPLICATION FOR EMPLOYMENT

"Fort Myers is an Affirmative Action/Equal Opportunity Employer. No person shall, on the basis of race, color, disability, marital status, age, sex, religion or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity under the jurisdiction of the city government of Fort Myers. Preference to be given to eligible veterans and eligible spouses of veterans in accordance with Florida Statutes."

INSTRUCTIONS: Please print or type all information. The application must be filled out completely and accurately. Answer all questions. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. 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.

Position Applied For: _____

Department: _____

If an employment offer is made, when will you be available to work? _____

Hours Available: Part Time Full Time

- Walk-In _____
- City Website _____
- Job Fair _____
- Newspaper _____
- Relative/ Friend _____
- Other _____

APPLICANT INFORMATION:

Last Name _____ First Name _____ M.I. _____

Home Phone (____) _____ Daytime Phone (____) _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

E-mail Address _____

Have you ever worked for the City of Fort Myers? Yes No

If Yes: Name Used When Employed at City _____

Department Worked In _____

Dates Employed _____

Is any member of your family employed by the City of Fort Myers? Yes No

If Yes: Name _____ Relation _____ Department _____

Have you ever served in the United States Military? Yes No

If Yes: Branch _____

Occupation/Skills Acquired _____

Veterans' Preference (optional): Check the appropriate block if you are claiming veterans' preference.

Documentation substantiating your claim must be furnished at the time of application.

- 1. A veteran with a 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.
- 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.
- 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 honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training.
- 4. The un-remarried 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 using veterans' preference since October 1, 1987? Yes No

If Yes: Name of your Employer _____

Note: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

Are you a citizen of the United States? Yes No

If No: Do you possess an I-151 Card, an I-551 Card, and I-94 Card stamped "Employment Authorized," or any other proof of employment authorization from the Immigration and Naturalization Service?
Yes No

Note: If answer is "No" to both, you are ineligible for employment with City of Fort Myers. The City of Fort Myers hires only U.S. citizens and lawfully authorized alien workers.

Have you ever been convicted, plead nolo contendere, plead guilty, or had the adjudication of guilt withheld for any offenses(s) other than Minor Traffic Violations? Yes No

If Yes: What charges? _____
County/State _____ Date _____

EDUCATION: High School

Name/Address _____

Received: Diploma Certificate of Completion G.E.D.

College, University or Professional School (*transcripts may be required*)

Name _____ Location _____

Major/Minor – Course of Study _____ Did You Graduate? Yes No

Type of Degree Received _____ Year Graduated _____

Name While Attending School (*if different from application*) _____

Additional College, University or Professional School (*transcripts may be required*)

Name _____ Location _____

Major/Minor – Course of Study _____ Did You Graduate? Yes No

Type of Degree Received _____ Year Graduated _____

Name While Attending School (*if different from application*) _____

EXPERIENCE: Describe your work experience beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities. All other information in this section must be completed.

1. Name of Present or Last Employer _____
Street/City/State/Zip _____ Telephone (____) _____
Job Title _____ Dates of Employment _____ to _____
Supervisor's Name _____ Title _____
Name While Employed at this Job (*if different from application*) _____
Duties and Responsibilities _____
Reason(s) for Leaving _____
May We Contact Your Employer? Yes No Salary _____ PT or FT

2. Name of Previous Employer _____
Street/City/State/Zip _____ Telephone (____) _____
Job Title _____ Dates of Employment _____ to _____
Supervisor's Name _____ Title _____
Name While Employed at this Job (*if different from application*) _____
Duties and Responsibilities _____
Reason(s) for Leaving _____
May We Contact Your Employer? Yes No Salary _____ PT or FT

3. Name of Previous Employer _____
Street/City/State/Zip _____ Telephone (____) _____
Job Title _____ Dates of Employment _____ to _____
Supervisor's Name _____ Title _____
Name While Employed at this Job (*if different from application*) _____
Duties and Responsibilities _____
Reason(s) for Leaving _____
May We Contact Your Employer? Yes No Salary _____ PT or FT

4. Name of Previous Employer _____
Street/City/State/Zip _____ Telephone (____) _____
Job Title _____ Dates of Employment _____ to _____
Supervisor's Name _____ Title _____
Name While Employed at this Job (*if different from application*) _____
Duties and Responsibilities _____
Reason(s) for Leaving _____
May We Contact Your Employer? Yes No Salary _____ PT or FT

DRIVER'S LICENSE: Please complete **only** if applying for a position which requires driving as stated in posted job Requirements.

Issuing State: _____ License #: _____

CDL Classification, if applicable: _____ Exp. Date: _____

OTHER LICENSURE, REGISTRATION, CERTIFICATION: Examples include PE, CPA, Wastewater-Drinking Classification

Type of License: _____

Issuing State: _____ License or Certification #: _____

Is there any other experience, education, or training you have had which particularly qualifies you for the job for which you are applying? _____

List any machinery or motor equipment you operate efficiently _____

List Clerical Skills (if applicable) _____

List Computer Skills/Knowledge _____

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS AND SIGN BELOW:

The City of Fort Myers collects your Social Security number which may be used for any of the following purposes: Classification of accounts; identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, and tax reporting. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

(Initials)

I hereby certify to the best of my knowledge that all of the information contained in the application is True. Any willful misrepresentations or omissions of facts will give cause for my application not to be considered and if I have been employed, will be cause for my immediate discharge.

(Initials)

I hereby give my permission to the City of Fort Myers to make investigations related to this application, and for my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerning me, whether on record or not, I release them and their company from any liability for any damage whatsoever for issuing same.

(Initials)

I understand and agree that all policies and procedures may be modified, amended, or deleted by the City of Fort Myers with or without notice to me of such amendment, modification or deletions, that the policies and procedures whether oral or written are to be advisory only and are not to be interpreted as a contract of employment or to give me any right of continued employment.

(Initials)

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration for employment.

(Initials)

I understand that, if the City of Fort Myers, Florida, employs me my employment will be at the will and pleasure of the City and may be terminated by the City at any time, for any or no reason with or without notice. As all employees serve at the will and pleasure of the City there is no requirement that the employer establish just cause for any employment action up to and including discipline, transfers, layoffs, or discharge.

(Initials)

I understand that my employment, if for a driving position, is contingent upon my having a clean driving record for the immediate past three years, and I hereby give my permission to the City of Fort Myers to make investigation related to this contingency.

(Initials)

Applicant Signature

Date



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Equal Employment Opportunity/Affirmative Action Survey

The following statistical information is required for compliance with federal laws assuring equal employment opportunity without regard to race, color, sex, national origin, religion, age, or disability as well as Veteran status based on the Vietnam Era Re-adjustment Act. The information requested is voluntary and will remain separate from your application for employment.

Last Name _____ First Name _____ M.I. _____
Street Address _____
City _____ State _____ Zip Code _____

Race/Ethnic Categories (please check one)

EEO Code _____

- | | | |
|---|---|---|
| <input type="checkbox"/> (A) White Male | <input type="checkbox"/> (E) Hispanic Male (Spanish origin) | <input type="checkbox"/> (I) Asian or Pacific Island Male |
| <input type="checkbox"/> (B) White Female | <input type="checkbox"/> (F) Hispanic Female (Spanish origin) | <input type="checkbox"/> (J) Asian or Pacific Island Female |
| <input type="checkbox"/> (C) Black Male | <input type="checkbox"/> (G) American Indian /Alaskan Native Male | <input type="checkbox"/> (K) Other |
| <input type="checkbox"/> (D) Black Female | <input type="checkbox"/> (H) American Indian /Alaskan Native Female | |

If job accommodations are necessary, please specify _____

Are you a disabled veteran – 30% VA compensation or discharged because of a disability incurred in the line of duty? Yes No

Are you a Vietnam Era Veteran – 180 days active duty between August 15, 1964 and May 7, 1975? Yes No

Position Applied For: _____

- Referral Source:
- | | |
|---|---|
| <input type="checkbox"/> (A) Walk-In | <input type="checkbox"/> (D) Newspaper |
| <input type="checkbox"/> (B) City Ft. Myers Website | <input type="checkbox"/> (E) Relative/ Friend |
| <input type="checkbox"/> (C) Job Fair | <input type="checkbox"/> (F) Other |

Applicant Signature

Date