APPLICATION FOR EMPLOYMENT

Position of Interest: _____ **Requisition #** _____

Note: Applications are not accepted unless position is posted. Submit one completed application for each position of interest. Resumes are not accepted in lieu of the required completed application.

If you are offered employment, date you are available:_____ Salary Desired:_____

The City of Cocoa is an Equal Opportunity Employer. All employment opportunities are provided without regard to race, color, gender, age, marital status, disability, religion, or any other legally protected characteristic. No inquiry on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of the applicant's inclusion in any such categories.

INSTRUCTIONS: Careful and thorough completion of this application is an important step in the City's consideration of individuals for employment. Individuals submitting incomplete applications will not be considered. Resumes are not accepted in lieu of full completion of this application. Please type your responses or legibly print in blue or black ink. Applications with any illegible responses will not be considered. Please notify the Human Resources Manager if you require reasonable accommodation to complete this application.

PERSONAL INFORMATION DATE OF APPLICATION:

Last Name | First Name | Middle | Social Security Number

Mailing Address | Telephone Numbers:

Home:

City | State | Zip Code

Work:

- Do you possess a valid Florida Driver's License? [ ] Yes [ ] No Florida Driver's License Number: _____
- Class/CDL endorsements _____ Expiration Date _____
- Has your Drivers' License ever been suspended or revoked? [ ] Yes [ ] No
- If yes, what year(s)?_____
- In what State(s)?_____ Why? _____
- Are you a citizen of the United States or otherwise authorized to work in the United States? [ ] Yes [ ] No
- Are you on layoff subject to recall by another employer? [ ] Yes [ ] No If "yes", please explain the circumstances: _____

In any civilian or military court, have you ever been convicted of any crime, pled guilty or no contest to any crime (irrespective of whether adjudication of guilt was withheld), or entered into any pretrial diversion program? Please note that an affirmative response is not an absolute bar to employment. [ ] Yes [ ] No If "yes", please explain the circumstances, including: (1) date of offense; (2) date of conviction, guilty or no contest plea, and/or entry into pretrial diversion program; (3) location; and (4) jurisdiction: _____

Have you ever been sued for damages in any civil proceeding for battery, assault, false imprisonment, or for any other type of intentional wrong? [ ] Yes [ ] No If "yes", please explain the circumstances: _____

Have you ever been the subject of disciplinary action by an employer for workplace violence? [ ] Yes [ ] No If "yes", please explain the circumstances: _____

Have you ever been the subject of disciplinary action by an employer for harassment based upon race, color, gender, age, marital status, disability, religion, or any other legally protected characteristic? [ ] Yes [ ] No If "yes", please explain the circumstances: _____

Have you ever been employed by the City of Cocoa? [ ] Yes [ ] No If yes, give dates: _____

List any employees who are currently working for the City of Cocoa either relative by blood or marriage or currently reside in the same household.

Employee Name | Department | Relationship to You

MILITARY SERVICE RECORD

Have you ever served in the Armed Forces of the United States? [ ] Yes [ ] No

Do you claim Veterans' Preference? [ ] Yes [ ] No **If "yes", you must attach Form DD214 and complete the following:** I am claiming veterans' preference [check item 1 through 4, as appropriate eligibility].

1. [ ]As 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. Department of Veterans' Affairs and the Department or Defense?; or

2. [ ]As 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. [ ]As a veteran of any war who has been on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America?

4. [ ]As the un-remarried widow or widower of a veteran who died of a service-connected disability?

As stated above, a DD214 must be furnished at the time of application if you intend to claim veterans' preference. In addition, applicants claiming veterans' preference under categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55-7.013, F.A.C. Wartime periods are defined in Section 1.01, Florida Statutes. Veterans' preference shall expire after an eligible person has been employed by the State or an agency or political subdivision of the State. Under Florida law, preference in appointment shall be given to those persons in categories 1 and 2 and then to those in categories 3 and 4. Veterans' preference is only available to Florida residents.

If an applicant claiming veterans' preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. 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.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, correctional officer, probation officer, firefighter, employee of the Florida Department of Revenue whose responsibilities include revenue collection and enforcement of child support enforcement, or investigator employed by the Florida Department of Children and Families, or the spouse or child of one? [ ] Yes [ ] No

SPECIAL SKILLS, APTITUDES AND QUALIFICATIONS

List details of all skills, aptitudes, and qualifications relevant to the position for which you have applied.

Typing Speed: wpm	Shorthand? [ ] Yes [ ] No	Speed Writing? [ ] Yes [ ] No
List Computer Experience:		
Office Machine You Can Operate:		
Equipment You Can Operate:		
Special Qualifications, Skills, License, Certifications or other relevant training (Submit verification with application):		

EDUCATION **Include Name & Location of Schools**	Course of Study	Years Completed	Did You Graduate?
High School Attended / or GED			
College			
Graduate School			
Vocational School			
Other Training			

PERSONAL REFERENCES

You are responsible for providing correct and complete information for required reference verifications. Do not include former employers or relatives.

Name and Occupation	Address	Telephone Number
		Home: ( ) Business: ( )
		Home: ( ) Business: ( )
		Home: ( ) Business: ( )

PRESENT AND PREVIOUS EMPLOYMENT

If you are currently employed, may we contact your Employer? [ ] Yes [ ] No If no, when may we contact you Employer?

List below all employment for the last fifteen (15) years. You may include prior experience if relevant. List paid and volunteer experience. List specific duties, skills, equipment operated and supervisory experience. All periods of time must be accounted for. Do not specify "see resume". You may attach additional sheets if necessary.

Name of Current or Last Employer: _____ _____ Address: _____ Position Title: _____ Number Supervised: _____ Duties: _____ _____ Reason for Leaving:	From: _____ / _____ To: _____ / _____ Month Year Month Year Weekly Hours Worked: _____ Starting Salary: _____ HR/YR Ending Salary: _____ HR/YR Supervisor: _____ Telephone #:
Name of Current or Last Employer: _____ _____ Address: _____ Position Title: _____ Number Supervised: _____ Duties: _____ _____ Reason for Leaving:	From: _____ / _____ To: _____ / _____ Month Year Month Year Weekly Hours Worked: _____ Starting Salary: _____ HR/YR Ending Salary: _____ HR/YR Supervisor: _____ Telephone #:
Name of Current or Last Employer: _____ _____ Address: _____ Position Title: _____ Number Supervised: _____ Duties: _____ _____ Reason for Leaving:	From: _____ / _____ To: _____ / _____ Month Year Month Year Weekly Hours Worked: _____ Starting Salary: _____ HR/YR Ending Salary: _____ HR/YR Supervisor: _____ Telephone #:
Name of Current or Last Employer: _____ _____ Address: _____ Position Title: _____ Number Supervised: _____ Duties: _____ _____ Reason for Leaving:	From: _____ / _____ To: _____ / _____ Month Year Month Year Weekly Hours Worked: _____ Starting Salary: _____ HR/YR Ending Salary: _____ HR/YR Supervisor: _____ Telephone #:
Name of Current or Last Employer: _____ _____ Address: _____ Position Title: _____ Number Supervised: _____ Duties: _____ _____ Reason for Leaving:	From: _____ / _____ To: _____ / _____ Month Year Month Year Weekly Hours Worked: _____ Starting Salary: _____ HR/YR Ending Salary: _____ HR/YR Supervisor: _____ Telephone #:

If your last name was different for any previous job you provide, please indicate the proper name in the margin with the appropriate employer.

Occasionally the format of an employment application makes it difficult for an applicant to adequately summarize his/her complete background. Use the space below to provide any additional information necessary to describe your complete qualifications for the position.

_____

_____

_____

_____

_____

_____

_____

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_____

_____

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

Your application will be considered only for the vacant position for which you are applying based upon your qualifications. Applications may be rejected for the following reasons: (1) Failure to complete employment application; (2) Failure to provide required documents when requested; (3) Failure to meet all job requirements; (4) Failure to obtain passing score on any required tests as outlined in the job description. A new application must be submitted for reconsideration of eligibility for each position of interest.

CERTIFICATION: I certify that the information set forth in my application for employment is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from employment at any time. I understand that it is my responsibility to include with my application copies of verification of any education, license, or certification requirements for the position for which I have applied. I understand that final approval of employment depends upon satisfactory completion of a background check and a post-offer of employment physical examination by the City physician, including a drug/alcohol screen. The post-offer of employment physical examinations for positions in the Police and Fire Department may include an electrocardiogram, a visual acuity examination, psychological examination by City appointed psychologist, physical agility test, polygraph examination and fingerprinting. Any illegal substance, controlled or otherwise, which shows in my drug/alcohol screen results will result in my immediate disqualification from employment with the City. I further understand that if I am hired by the City of Cocoa, the Immigration Reform and Control Act of 1986 requires that I provide certain information, including date of birth, country of origin, and statement of employment eligibility. In addition, I understand that I will be required to provide documents establishing my identity and authorization to work in the United States.

STATEMENT OF APPLICANT: I authorize my former employers and character references to release any information regarding my employment. I hereby authorize the City of Cocoa to make any investigation of my background as is deemed necessary to verify my qualifications for the position for which I am applying.

Applicant's Signature _____ Date _____

Unsigned applications will not be processed

Mail completed employment applications to:

City of Cocoa
Attn: Human Resources Division
65 Stone Street
Cocoa, Florida 32922
Fax (321) 433-8445
Website: www.cocoafl.org
E-mail address: humanresources@cocoafl.org