

**APPLICATION FOR EMPLOYMENT WITH THE CITY OF EDGEWATER**

The City of Edgewater is an Equal Opportunity Employer and will not discriminate against any person because of race, color, religion, creed, gender, age, national origin, disability, Veteran or marital status, or other legally protected status.

PLEASE PRINT

Position(s) Applied for:

Date of Application

How did you learn about us? (Please circle one)

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number (s):

Social Security Number:

Have you ever filed an application with us before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No If yes, give date \_\_\_\_\_

Do any of your relatives work here?  Yes  No If yes, list name and your relationship \_\_\_\_\_

May we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it? Yes No

Are you a United States citizen  Yes  No

If not, do you possess an Alien Registration Card?  Yes  No

If yes, give Alien Registration # \_\_\_\_\_

Have you been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain \_\_\_\_\_

PERSONNEL DEPARTMENT

P. O. Box 100

104 NORTH RIVERSIDE DRIVE, EDGEWATER, FL 32132

(386) 424-2408 FAX (386) 424-2474 SUNCOM 383-2405

**EDUCATION/ SPECIALIZED TRAINING**

Name and Address Of school	Years Completed	Diploma Degree
Elementary School		
High School		
Graduate Professional		
Other (Specify)		

Describe any specialized education, training, apprenticeship, and/or skills.

**List professional, trade, business or civic activities and offices held.**

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

**Check Skills/Equipment Operated**

<input type="checkbox"/> Copier	<input type="checkbox"/> Fax	<input type="checkbox"/> Typewriter
<input type="checkbox"/> Calculator	<input type="checkbox"/> Multi-line Telephone	<input type="checkbox"/> CRT
<input type="checkbox"/> PC/ Software applications (list): _____		Other (list): _____

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 CDL/ Type: \_\_\_\_\_ Operators \_\_\_\_\_

**MILITARY SERVICE RECORD**

It is City policy to give preference to eligible veterans and spouses of veterans in accordance with Chapter 295, Florida Statutes.

Were you in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list any job related training

**Are you claiming Veteran's Preference as a:**

- \_\_\_\_\_ Disabled veteran
- \_\_\_\_\_ Spouse of totally disabled veteran or who is MIA
- \_\_\_\_\_ Veteran of any war
- \_\_\_\_\_ Unremarried widow or widower of a veteran who died of a service-connected disability

Have you claimed Veteran's Preference since October 1, 1987? \_\_\_\_\_ Yes \_\_\_\_\_ No

The applicant claiming preference is responsible for providing the required documentation when submitting their application.





# CITY OF EDGEWATER

## AFFIRMATIVE ACTION INFORMATION FORM

(TO BE USED WITH EMPLOYMENT APPLICATION)

WE ARE AN AFFIRMATIVE ACTION GOVERNMENT MUNICIPALITY. IN COMPLIANCE WITH GOVERNMENT REGULATIONS WE ARE REQUIRED TO RECORD THE NUMBER OF APPLICANTS BY AGE AND BY SEX.

WE ASK THAT YOU INDICATE YOUR RACE OR NATIONAL ORIGIN, DATE OF BIRTH AND SEX. **DO NOT WRITE YOUR NAME.** THIS INFORMATION WILL NOT BE KEPT WITH YOUR APPLICATION AND WILL BE USED ONLY IN ACCORDANCE WITH FEDERAL AND STATE REGULATIONS.

**YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** YOUR APPLICATION FOR EMPLOYMENT WILL BE CONSIDERED IN THE SAME MANNER WHETHER OR NOT YOU FILL OUT THIS FORM.

- MALE  
 FEMALE

- 
- CAUCASIAN  
 AFRICAN AMERICAN  
 HISPANIC  
 AMERICAN INDIAN  
 ASIAN  
 OTHER PLEASE SPECIFY \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_