

City of Pembroke Pines

" An Equal Opportunity Employer

Human Resources Department 10100 Pines Boulevard Pembroke Pines, FL 33026

(954) 435-6587 Fax: (954) 435-6523 Webpage: www.ppines.com

APPLICATION FOR EMPLOYMENT

PO	SITION APPLYING FOR:		JOB ANNOU	NCEMENT NU	MBER					
INS	STRUCTIONS: Please print or type all information	n. The app	lication must be f	illed out accuratel	y and cor	npletely. If	you requi	re		
assi	stance due to a disability, please notify our staff. A	answer all	questions. Do not	leave an item blan	nk. If an i	item does n	ot apply,	write N/A		
(no	t applicable). If you need additional space to answer	r a questio	n fully, you may u	ise full sheets of p	aper that	are the sam	e size as t	his page.		
On	each additional page, be sure to include your name	and the po	sition title. You m	nay also attach cop	ies of do	cuments or	certificate	es which		
sup	port your application. All materials submitted become	ome the pr	operty of the City	and will not be re	turned.	Nothing car	n be added	l to your		
app	lication after the announcement period has closed.	All statem	ents made on the	application are sub	oject to ve	erification.	Exaggera	ited, false,		
or 1	misleading statements may be cause for rejection IS APPLICATION MUST BE SIGNED ON THE LAS	n of the a	pplication and/o	r termination of e						
1.	PRESENT LEGAL NAME									
	Last Name	First Nan	ne					M.I.		
2.	WHEN AVAILABLE		3. If you requi	re assistance du	e to disa	ability plea	ase notify	our staff.		
4.	APPLYING FOR (Check all responses that	at apply)								
_	Full-time Part-time		c powerpa	TOPNOP						
5.	HOME TELEPHONE NUMBER Area Code Number		6. DRIVERS I Do you have a			□ Yes				
	Area Code Number		Do you have a	vand neense?		L res)		
	OTHER TELEPHONE NUMBER		License Type:	□ Operator			□Cla	iss		
İ	Area Code Number						_			
	()		Endorsement C	ode						
	EMAIL ADDRESS									
_			License #		State		Exp. Da	te		
7.	PRESENT ADDRESS									
	Street Address City		State			Apt. # Zip Code				
	How long have you lived at present address?	Vears	State	Months		Zip Code				
	Thow long have you hved at present address:	1 cars		Wionths	_			•		
8.	PREVIOUS ADDRESS									
	Street Address					Apt. #				
	City		State	-		Zip Code				
	How long did you live at this address?	Years		Months	_					

THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.

If additional space is ne it contains all the inform contact previous employ May we contact your p (Job 1) Present or Mos From Mo. Yr. Hours per week Starting Salary \$ Last Salary \$ Specific Duties: Number of employees (Job 2) Previous Job From	a/GED: of last HIGI	: 1 Yes		4 5	6 7	7 8 9 1	0 11 12				
List Colleges and University Name and Location List Special Training (Name and Location EMPLOYMENT RECORD- Major changes in duties RECENT position and v If additional space is ne it contains all the inform contact previous employ May we contact your p (Job 1) Present or Mos From Mo. Yr. Hours per week Starting Salary \$ Last Salary \$ Specific Duties: Number of employees (Job 2) Previous Job From Mo. Yr. Hours per week Starting Salary \$ Last Salary \$ Last Salary \$ Specific Duties:			_			If Yes, date re					
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From Mo. Yr. Hours per week Starting Salary \$ Last Salary \$ Specific Duties: Number of employees (Job 2) Previous Job From	RECENT position and work back. BE SPECIFIC - all or part of your rational space is needed, please use a continuation sheet. You may so it contains all the information requested. Periods of unemployment should contact previous employers to verify your descriptions of past duties. May we contact your present employer regarding your record of employers to the property of the property laborates.					t a resume in lieu listed separately	u of completing this sect	tion, providing			
Mo. Yr. Hours per week	To	1	Total Tim			Address					
Hours per weekStarting Salary \$Last Salary \$Specific Duties: Number of employees (Job 2) Previous Job FromMo. YrHours per week	Mo.	Yr.	Yrs.	<u>IC</u>		Telephone Nu	mher				
Starting Salary \$ Last Salary \$ Specific Duties: Number of employees (Job 2) Previous Job From Mo.		12		Your Job Title							
Starting Salary \$ Last Salary \$ Specific Duties: Number of employees (Job 2) Previous Job From Mo.							Name and Title				
Last Salary \$ Specific Duties: Number of employees (Job 2) Previous Job From Mo. Yr. Hours per week			per				eaving Position				
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(Job 2) Previous Job From Mo. Yr. Hours per week											
From Mo. Yr. Hours per week			hla)								
Mo. Yr. Hours per week	s supervise	ed (if applica		_	_		Employer				
Hours per week		ed (if applica									
	То		Total Tim	ie		Address					
		Yr.		ne		Address Telephone Nu					
Starting Salary \$	To Mo.	Yr.	Total Tim			Address Telephone Nu Your Job Title	e				
	To Mo.	Yr.	Total Tim			Address Telephone Nu Your Job Title Supervisor's N	e Name and Title				
Last Salary \$	To Mo.	Yr.	Total Tim Yrs.			Address Telephone Nu Your Job Title Supervisor's N	e				
Specific Duties:	To Mo.	Yr.	Total Tim Yrs.			Address Telephone Nu Your Job Title Supervisor's N	e Name and Title				
	To Mo.	Yr.	Total Tim Yrs.			Address Telephone Nu Your Job Title Supervisor's N	e Name and Title				
Number of employees	To Mo.	Yr.	Total Tim Yrs.			Address Telephone Nu Your Job Title Supervisor's N	e Name and Title				

THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.

	(Job 3) Previous Job					Employer						
	From		То		Total Time	Address						
Mo. Yr.		Yr.	Mo.	Yr.	Yrs.	Telephone Number						
						Your Job Title						
	Hours per v	week				Supervisor's Name and Title						
	Starting Sa	lary \$		pe	er	Reason for Leaving Position:						
	Last Salary	\$		pe	r	_						
	Specific Du											
	Number of	employee	s supervise	d(if applicable	e)							
	(Job 4) Pre	vious Job		1		Employer						
	From		То		Total Time	Address						
	Mo.	Yr.	Mo.	Yr.	Yrs.	Telephone Number						
						Your Job Title						
						_ Supervisor's Name and Title						
						Reason for Leaving Position:						
	Last Salary	\$		per	•							
	Specific Du	uties:										
	Number of	employee	s supervise	d (if applicabl	e)							
			VOLUNTEE			LOYMENT DURING THE PAST 10 YRS						
Fro		То	1	Description of	of Activities or Voluntee	er Work						
Mo	Yr. Mo. Yr.											
12.	2. List membership(s) in professional, job-related organizations:											
13.	List any ac	tive profes	ssional, tecl	hnical, occupa	tional licenses or certific	cates and registrations you now hold:						
14.	List awards your work,			other recogni	tion received for outstan	ding achievement in school, military service,						
					3							

15.	Have you ever used a legal name	e other than t	he one indic	ated on Page 1	☐ Ye	es)		
	If yes, please give name used:									
16.	VETERAN PREFERENCE: I									
	veterans presently receiving disa	-			•	-				-
	eligible for preference. Veterans from these POINTS WILL BE A			•						
	APPLICATION. Acceptable do									
	months of the date of application				-		-	•		
	sole copies of documents.	i. iviateriais s	applica with	i the application	n occome u	ic pro	operty of t	ne city. Do	not suo.	init original,
	Did you serve in the Armed Serv	vices?	☐ Yes	□ No	Is your dis	schar	ge honora	ble?	Yes	□ No
	Are you claiming Veteran's Poin		Yes	☐ No	•		-	military?	Yes	□ No
	Are you or have you ever been e	mployed by	the State of	Florida or one	of its Count	ies, (Cities, etc?	? 🗀	Yes	☐ No
17.	Have you ever worked for the Ci	•			Yes Yes		☐ No			
	If yes, please give date(s) of emp									
10	Employing Division(s) Are you related to a City employ						. City?			
18.	Yes No	•			empioyea	by un	e City?			
		If yes, pleas								
	Name									·
	Relationship to you									
	Employing Division(s)									
19.	Since your 18th birthday, have you				aw, other tha	ın min	or traffic of	fenses, or ple	eaded NC	DLO
	CONTENDERE to criminal charges	, even if adjud	ication was w	vithheld?						
	Name of offense									
	Name of and location of court									
	·									
	NOTE: A conviction	does not auto	omatically m	nean you canno	t be employ	ed by	y the City.	The nature	of the o	ffense,
	how long ago it occu	rred, relation	ship to this	job, etc. are giv	ven consider	ratior	n.			
20.	How did you learn about the position	-		_		pplies	S.			
	Newspaper Ad	Visit to Div	ision of Hur	nan Resources			Recruiting I	Program-Caree	r Day (ple	ease specify)
	City Employee	College Cor	unselor				Profession	nal Journal		
	High School	Florida Stat	e Employme	ent Agency			Other Soul	rce (please sp	pecify)	
21.	REFERENCES: List three (3) perso	nal references	s who are not	relatives or form	ner employers	S.				
	Name and Occupation	Address					Telephone	e No.	Years I	Known
				4						

Is there any other relevant information you wish to provide?	
IMPORTANT: Employment is subject to verification of an applicant's background and conv	riction record. Persons selected for employment
must (1) present a valid social security card, (2) take loyalty Oath, as per Florida Statute, S	Section 876.05 and (3) subsequent to an offer of
employment, pass a medical examination including testing for current use of drugs and/or	controlled substances. If traces of drugs
controlled substances are present in a candidate's blood or urine and have NOT been obtained as the controlled substances are present in a candidate's blood or urine and have NOT been obtained as the controlled substances are present in a candidate's blood or urine and have NOT been obtained as the controlled substances are present in a candidate's blood or urine and have NOT been obtained as the controlled substances are present in a candidate's blood or urine and have NOT been obtained as the controlled substances are present in a candidate's blood or urine and have NOT been obtained as the controlled substances are present in a candidate's blood or urine and have NOT been obtained as the controlled substances are present in a candidate's blood or urine and have NOT been obtained as the controlled substances are present in the controlled subst	ained and taken as directed by a valid prescription,
the candidate WILL NOT be given further consideration under the present announcement	for this classification. Additionally, the City is
required by federal law to verify having seen documents, which the applicant must provide	as part of employment processing, that show
the applicant's identity and right to work in the United States.	
APPLICATION MUST BE SIGNED	
APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELO	W. UNSIGNED APPLICATIONS WILL BE VOIDED.
I hereby certify that each response on this application and all other information I have furni	shed in applying for employment with the City is
true and correct. I understand that any incorrect, incomplete, false statement or information	
disqualification or to discharge at any time. Subsequent to an offer of employment, I give m	ny voluntary consent to be medically examined
and provide a sample of my blood or urine which may be tested for recent use of drugs and	d/or controlled substances. I further understand
that upon commencement of employment, and thereafter, with the City of Pembroke Pines	, I may again be required to submit to a drug and
alcohol test. I understand that refusal to take a requested test or failure to meet the minimu	ım standards set for the test, may result in
discipline, up to and including termination.	
Further, I release The City, its officers, agents, and employees from any liability whatsover	in connection with such a medical exmination or
the use of the test results therefrom.	
I have read in full and understand the above statements and conditions of employment.	
Applicant's Signature	Date:
Print Name	Date:
5	

CITY OF PEMBROKE PINES

EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment that statements I have made either verbally or in writing in the course of my seeking employment with the City of Pembroke Pines will be verified through various sources including but not limited to a Criminal History Records search, Drivers License History, Former and current employers, personal references and consumer credit report. I hereby authorize the City of Pembroke Pines to obtain any information in files pertaining to my employment records including, but not limited to, achievement, attendance, personal history and disciplinary records and credit records. 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 Pembroke Pines. Consent is further granted for the City of Pembroke Pines 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 question as to the validity of this release, you may contact me as indicated below.

Full Name:		
Current Address:		
Telephone #:		
Other Prior Names/Aliases		
Drivers License #	State:	
	Date:	
Applicants Signature		
Witness Signature		

City of Pembroke Pines Voluntary Ethnicity/Gender Survey

The information requested on this form is utilized by the City of Pembroke Pines to aid in its commitment to Equal Employment Opportunity. Completion of this survey is voluntary and the information will be maintained separately from your application.

Positio	on # Date
Positio	on applied for
Male	Female (check one)
Ethnic	and Racial Identity (check only one)
	White, not of Hispanic origin - a person having origins in any of the original peoples of Europe, North Africa, or the middle east.
	Black, not of Hispanic Origin - a person having origins in any of the black racial groups of Africa.
	Hispanic- a person of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.
	Asian or Pacific Islander - a person having origins in any of the original people of the Far East, Southeast Asia, The Indian Subcontinent, or Pacific Islands.
	American Indian or Alaskan Native - a person having origins in the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.