



<b>EDUCATION AND TRAINING</b>				
Did you complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED				
Name and Address of School	Course of Study	Years Completed	Did you Graduate?	Type of Diploma/Certificate/Degree
High School _____ City/State				
College _____ City/State	Major: Degree:			
Vocational/Certificates _____ City/State				
Technical _____ City/State				
Other _____ City/State				

**PROFESSIONAL LICENSES/CERTIFICATION(S)**

Do you possess a valid driver's license?  Yes  No

List special licenses or certificates held, showing licensing authority, license number, and expiration date.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIFIC SKILLS (Related to Position Applied For):**

Describe any word processing or computer skills and list all software used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any specific skills or specialized training (i.e. vehicle/equipment operation):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

List three (3) references (not relatives, former or present employers, fellow employees, or school teachers).

_____	_____	_____	_____	_____
Name	Address	City/State	Occupation	Phone
_____	_____	_____	_____	_____
Name	Address	City/State	Occupation	Phone
_____	_____	_____	_____	_____
Name	Address	City/State	Occupation	Phone

**WORK HISTORY**

**YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. LIST YOUR CURRENT OR MOST RECENT EMPLOYER FIRST. PLEASE INDICATE YOUR EMPLOYMENT HISTORY FOR THE PAST TEN (10) YEARS OR LAST FIVE (5) EMPLOYERS. INCLUDE VOLUNTARY UNPAID WORK EXPERIENCE AS WELL AS MILITARY SERVICE, IF ANY. IF DESIRED, INCLUDE A RESUME OR ADDITIONAL PAGES WHICH WILL HELP CLARIFY YOUR WORK EXPERIENCE.**

**Present Employer:** \_\_\_\_\_  
(Company/Agency Name)

From: \_\_\_\_\_  
(Mo.) (Day) (Year)

Employer Address: \_\_\_\_\_  
(Number) (Street)

To: \_\_\_\_\_  
(Mo.) (Day) (Year)

\_\_\_\_\_  Full Time  Part Time

Your Job Title: \_\_\_\_\_  
(City) (State) (Zip)

Number of hours worked per week: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Employer's Phone No. ( )

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
(Area Code)

May we contact employer?  Yes  No / explain in Reason for leaving

Last Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Duties in detail: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_  
(Company/Agency Name)

From: \_\_\_\_\_  
(Mo.) (Day) (Year)

Employer Address: \_\_\_\_\_  
(Number) (Street)

To: \_\_\_\_\_  
(Mo.) (Day) (Year)

\_\_\_\_\_  Full Time  Part Time

Your Job Title: \_\_\_\_\_  
(City) (State) (Zip)

Number of hours worked per week: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Employer's Phone No. ( )

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
(Area Code)

May we contact employer?  Yes  No / explain in Reason for leaving

Last Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Duties in detail: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_  
(Company/Agency Name)

From: \_\_\_\_\_  
(Mo.) (Day) (Year)

Employer Address: \_\_\_\_\_  
(Number) (Street)

To: \_\_\_\_\_  
(Mo.) (Day) (Year)

\_\_\_\_\_  Full Time  Part Time

Your Job Title: \_\_\_\_\_  
(City) (State) (Zip)

Number of hours worked per week: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Employer's Phone No. ( )

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
(Area Code)

May we contact employer?  Yes  No / explain in Reason for leaving

Last Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Duties in detail: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**WORK HISTORY (Con't.)**

**Previous Employer:** \_\_\_\_\_ From: \_\_\_\_\_  
(Company/Agency Name) (Mo.) (Day) (Year)

**Employer Address:** \_\_\_\_\_ To: \_\_\_\_\_  
(Number) (Street) (Mo.) (Day) (Year)

\_\_\_\_\_  
(City) (State) (Zip)

**Your Job Title:** \_\_\_\_\_ **Number of hours worked per week:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Employer's Phone No.** (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

**Starting Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**May we contact employer?**  Yes  No / explain in Reason for leaving **Last Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**Duties in detail:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ From: \_\_\_\_\_  
(Company/Agency Name) (Mo.) (Day) (Year)

**Employer Address:** \_\_\_\_\_ To: \_\_\_\_\_  
(Number) (Street) (Mo.) (Day) (Year)

\_\_\_\_\_  
(City) (State) (Zip)

**Your Job Title:** \_\_\_\_\_ **Number of hours worked per week:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Employer's Phone No.** (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

**Starting Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**May we contact employer?**  Yes  No / explain in Reason for leaving **Last Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**Duties in detail:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**CERTIFICATION**

The City of Lake Mary is authorized to verify any or all of the information contained on the application form. A false answer to any question(s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application and is subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation, falsification or omission of facts shall cause forfeiture of all rights to employment with the City of Lake Mary. If accepted for employment I agree to abide by and comply with all rules, regulations, policies and procedures of the City of Lake Mary. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the City of Lake Mary.

I freely and voluntarily agree to submit to a drug/alcohol test as part of my application for and as a condition of employment. I understand that either my refusal to submit to the drug/alcohol test or my failure to qualify according to the minimum standards established by the City of Lake Mary for this examination will disqualify me for further consideration for employment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_