



# City of Key West

Office of Human Resources  
3102 Flagler Ave. - P.O. Box 1409  
Key West, FL 33040  
(305) 809-3714

Website: KeyWestCity.Com

## Application for Employment

PLEASE PRINT

Date: \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Business Telephone: (     ) \_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Newspaper ad

School

On my own

Current Employee

Agency

Other

Name of referral source: \_\_\_\_\_

Please note: This application form was designed for use by persons applying for various types of positions - clerical, professional, technical, and administrative. Please answer the questions to the best of your ability.

Specific position for which you are applying: \_\_\_\_\_

Do you wish to work:  Full time:  Part time:  Temporary? If part time, specify hours or days: \_\_\_\_\_

What is your minimum weekly salary requirement: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_\_\_

If applicable, do you have a drivers license: \_\_\_\_\_

Type

State

Expires

### SKILLS

Typing speed \_\_\_\_\_ words per min. Typing test attached  Yes  No (Must be attached if required)

Can you transcribe machine dictation?  Yes  No Steno speed \_\_\_\_\_ words per minute

Computer proficient: \_\_\_\_\_ Type: \_\_\_\_\_

Software: \_\_\_\_\_

Business machines you can operate \_\_\_\_\_

Other \_\_\_\_\_

**THE CITY OF KEY WEST IS A DRUG FREE WORKPLACE,  
EQUAL OPPORTUNITY, AFFIRMATIVE ACTION,  
VETERANS PREFERENCE EMPLOYER**

To be considered, a signed completed application AND a signed job description MUST be submitted to the Office of Human Resources

**EDUCATIONAL DATA:**

SCHOOL	Print Name, Address, City, State & Zip	Years Completed	Course Type/ Major Degree/Certificate
High School			
College			
Trade, Business, or Correspondence			
Other			

**GENERAL INFORMATION**

If hired, are you able to provide us with proof of identification and employment eligibility?  Yes  No

Have you ever been **CONVICTED** of a criminal offense?  Yes  No Date: \_\_\_\_\_

Place: \_\_\_\_\_ Nature: \_\_\_\_\_

(NOTE: A yes answer will not automatically disqualify you from being considered as a candidate for employment.)

Have you previously applied for employment with the City?  Yes  No If yes, when? \_\_\_\_\_

Have you previously been employed by the City?  Yes  No If yes, when? \_\_\_\_\_  
In what position(s)? \_\_\_\_\_

Do you have relatives employed here?  Yes  No If yes, please list name(s) department(s) and relationship(s): \_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REFERENCES**

Please list at least (3) three personal references, omitting former employers and relatives.

Name	Address	Occupation	Telephone

**EMPLOYMENT HISTORY - List all employers**

Please list all previous employers beginning with the present or most recent employer first (use additional sheet of paper if necessary).

<i>EMPLOYED</i>		<i>Job Title</i>	<i>Employer Name, Address, Telephone:</i> _____ _____
<i>FROM: _____</i>  <i>TO: _____</i>		<i>Supervisors Name/Title:</i>	
<i>YOUR SALARY</i>		<i>Duties:</i>	
<i>START</i>	<i>END</i>		
<i>Reason for Leaving:</i>		<b>May we contact? ___ Yes ___ No</b>	
<i>EMPLOYED</i>		<i>Job Title</i>	<i>Employer Name, Address, Telephone:</i> _____ _____
<i>FROM: _____</i>  <i>TO: _____</i>		<i>Supervisors Name/Title:</i>	
<i>YOUR SALARY</i>		<i>Duties:</i>	
<i>START</i>	<i>END</i>		
<i>Reason for Leaving:</i>		<b>May we contact? ___ Yes ___ No</b>	
<i>EMPLOYED</i>		<i>Job Title</i>	<i>Employer Name, Address, Telephone:</i> _____ _____
<i>FROM: _____</i>  <i>TO: _____</i>		<i>Supervisors Name/Title:</i>	
<i>YOUR SALARY</i>		<i>Duties:</i>	
<i>START</i>	<i>END</i>		
<i>Reason for Leaving:</i>		<b>May we contact? ___ Yes ___ No</b>	
<i>EMPLOYED</i>		<i>Job Title</i>	<i>Employer Name, Address, Telephone:</i> _____ _____
<i>FROM: _____</i>  <i>TO: _____</i>		<i>Supervisors Name/Title:</i>	
<i>YOUR SALARY</i>		<i>Duties:</i>	
<i>START</i>	<i>END</i>		
<i>Reason for Leaving:</i>		<b>May we contact? ___ Yes ___ No</b>	

**MILITARY EXPERIENCE:**

Were you in U.S. Armed Forces?  Yes  No Branch: \_\_\_\_\_

Dates of duty: From : \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation \_\_\_\_\_ Briefly describe your duties: \_\_\_\_\_

Are you a member of the National Guard or a Reserve Unit?  Yes  No Status: \_\_\_\_\_

Are you claiming Veterans Preference ?  Yes  No

If you are claiming Veteran's Preference you must provided the following with your application:

1. Veterans, disabled veterans, and spouses of disabled veterans shall furnish a **DD-214**, or military discharge papers or equivalent certificate from the Veterans Administration, listing military status, dates of service and discharge type.
2. Disabled veterans shall also furnish a document from the Department of Defense, Veterans Administration or the Division, certifying that the veteran has a service connected disability.

You must not have been given a job utilizing a veterans preference claim since 1987.

**NOTE:** The fact that you have served in the military does not automatically entitle you to Veteran's Preference. Florida Department of Veterans Affairs, Division of Veterans Benefits and Assistance, Chapter 55A-7, reads as follows:

***A veteran of any war, as defined in Section 55A-7.003(11) of this chapter, 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 discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during the wartime era. However, active duty for training shall not be allowable.***

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or handicap.)

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**AGREEMENT**

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES, REGULATIONS, AND POLICIES OF THE CITY OF KEY WEST.

I HAVE READ AND SIGNED THE JOB DESCRIPTION FOR THE POSITION IN QUESTION. I UNDERSTAND AND AGREE THAT THE JOB DESCRIPTION MAY BE AMENDED FROM TIME TO TIME. THERE IS NOTHING TO KEEP ME FROM FULFILLING THE DUTIES AS LISTED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE