City of Key West

Office of Human Resources
3102 Flagler Ave. - P.O. Box 1409
Key West, FL 33040
Telephone (305) 809-3714 / Fax (305) 809-3719
Website: KeyWestCity.Com

Application for Employment

PLEASE PRINT

Date: _____

Name

Street

City State: Zip Code:

CELL PHONE: ( ) EMAIL: _____

How were your 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 driver's license: _____ _____ _____
Type State Expires

SKILLS

Typing speed _____ words per min. Typing test attached ____ Yes ____ No (Must be attached if required)
Years of Computer experience: _____ Type: _____
Software: _____
Business machines you can operate: _____
Other Equipment: _____

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	Year Graduated/ 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). ***(PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT RECORD.)***

EMPLOYED	*Job Title*	*Employer Name, Address, Telephone:*
FROM: _____	*Supervisors Name/Title:*	_____
TO: _____		_____

YOUR SALARY		*Duties:*
START	*END*	

Reason for Leaving: **May we contact? ____ Yes ____ No**

EMPLOYED	*Job Title*	*Employer Name, Address, Telephone:*
FROM: _____	*Supervisors Name/Title:*	_____
TO: _____		_____

YOUR SALARY		*Duties:*
START	*END*	

Reason for Leaving: **May we contact? ____ Yes ____ No**

EMPLOYED	*Job Title*	*Employer Name, Address, Telephone:*
FROM: _____	*Supervisors Name/Title:*	_____
TO: _____		_____

YOUR SALARY		*Duties:*
START	*END*	

Reason for Leaving: **May we contact? ____ Yes ____ No**

EMPLOYED	*Job Title*	*Employer Name, Address, Telephone:*
FROM: _____	*Supervisors Name/Title:*	_____
TO: _____		_____

YOUR SALARY		*Duties:*
START	*END*	

Reason for Leaving: **May we contact? ____ Yes ____ No**

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 Are you a resident of the State of Florida? ☐ 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 of the Division, certifying that the veteran has a service connected disability.

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: **"'Veteran' or 'wartime veteran' is as defined in Section 1.01 (14), F.S. [Florida Statutes (2013)]. (a) The veteran must have served at least 1 day during a wartime period to be eligible for veterans' preference. Active duty for training shall not be allowed for eligibility. (b) A veteran who has served in a campaign or expedition for which a qualifying campaign badge or expeditionary medal has been authorized (including any armed forces expeditionary medal or global war on terrorism medal) is eligible for preference pursuant to Section 295.07, F.S." If an applicant claiming veteran's preference for a vacant position believes he or she was not afforded employment preference in accordance with the law/rules, the applicant may file a complaint with the Department of Veterans' Affairs at 9500 Bay Pines Blvd, Room 214, St. Petersburg, Florida 33708. A complaint must be filed within twenty-one (21) days after the notice of hiring decision, or within three (3) months of the date the application was filed with the employer if no notice of selection was given.**

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.)

_____
_____
_____
_____
_____

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