



City of New Port Richey
Human Resources Department
5919 Main Street
New Port Richey, FL 34652
(727) 853-1025

IMPORTANT INFORMATION – PLEASE READ

Thank you for your interest in applying for employment with the City of New Port Richey.

Our application form gives you every opportunity to describe your qualifications. Your cooperation in completing **all** areas of the application is necessary to help us make the best hiring decision possible. If additional space is required, you may attach a separate work sheet. You may attach a resume if desired, however **all** areas of the application form must still be completed. Incomplete applications may not be considered.

Please note the following:

- The City of New Port Richey is a drug-free and smoke-free workplace. Smoking is allowed only in designated areas.
- The City's nepotism policy precludes the hiring of certain family members. You must indicate on the application form any family members who are related to you either directly or indirectly.
- Information in this application will be verified.
- **Applicants will be contacted regarding interviews as necessary. Due to the number of applications that we receive, we are unable to provide any further notification.**
- Job offers may be conditioned on successful completion of a physical exam and/or drug screening test to determine the individual's fitness to perform the essential functions of the job.
- If hired, proper documentation must be presented verifying authorization to legally work in the United States. E.g. Driver's License, Social Security Card, Passport.

The City of New Port Richey, Florida is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, national origin, sex, age, disability, marital status, religious creed, sexual orientation, political affiliation, Veteran Status (Except if eligible for Veterans' Preference).

EMPLOYMENT APPLICATION

City of New Port Richey
5919 Main Street
New Port Richey, FL 34652
(727) 853-1025
Fax: (727) 853-1043
www.cityofnewportrichey.org



Please print clearly in black or blue ink

Position Applied For:
Full Legal Name:
Other names by which you have been known:
Street Address:
City: State: Zip:
Phone Numbers: Home () Cell () Work ()
E-Mail address:
Are you legally eligible to work in the United States? Have you ever been employed by the City of New Port Richey?
If yes: When? What position?
Reason for leaving:
Do you have any relatives who are employed by the City of New Port Richey, including City Council? Yes No
If yes: Name: Relationship:

Do you have a valid driver's license? Yes No State:
Type of license: Class "E" "D" Restricted CDL A B C CDL Endorsements:
Has your license ever been revoked or suspended? Yes No If yes, when and for what reason?

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? Yes No
Can you meet the attendance requirements of this job? Yes No
Do you currently use illegal drugs? Yes No
Have you ever been convicted, plead guilty or no contest, or entered into an agreement for the eventual dismissal of a criminal case? Yes No
If yes, describe the incident(s), include date, charge, location, disposition and court. Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service.

How did you hear about this position? Please check all that apply.
Tampa Bay Times City of New Port Richey Website Other (please specify)
Tampa Tribune New Port Richey TV Channel
City of New Port Richey Job Line City of New Port Richey Employee

WORK HISTORY

If more space is needed, please attach additional work history sheet.

NOTE: This section must be completed in full. You may attach a resume in addition to completing all requested information. Include **all** jobs, military service and any period of unemployment. If you have been employed under any other name(s) please list name(s) by each employer as applicable.

Have you ever been discharged, requested or required to resign? Yes No If yes, explain _____

Employer: _____ Job Title: _____
Street Address: _____ Dates Employed: From: _____ To: _____
City/State/Zip: _____ Salary: _____
Telephone Number: () _____ Number of Hours Worked Per Week: _____
Supervisor's Name: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

May we contact your present employer regarding your employment record prior to a job offer? Yes No

Employer: _____ Job Title: _____
Street Address: _____ Dates Employed: From: _____ To: _____
City/State/Zip: _____ Salary: _____
Telephone Number: () _____ Number of Hours Worked Per Week: _____
Supervisor's Name: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Job Title: _____
Street Address: _____ Dates Employed: From: _____ To: _____
City/State/Zip: _____ Salary: _____
Telephone Number: () _____ Number of Hours Worked Per Week: _____
Supervisor's Name: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Job Title: _____
Street Address: _____ Dates Employed: From: _____ To: _____
City/State/Zip: _____ Salary: _____
Telephone Number: () _____ Number of Hours Worked Per Week: _____
Supervisor's Name: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

EDUCATION

Do you possess a High School diploma or GED equivalent? Yes No

	Elementary/High School	College/University	Graduate
Circle last grade completed →	4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4

Names & Locations of High school/ Colleges/Universities or Vocational/Trade Schools	GPA	Major/Minor Field of Study	Type of Degree Awarded	Date Awarded

Please attach copy of Diploma/Degree/Transcript/Certificate

SPECIAL SKILLS

Computer systems skills (i.e. PC, Mainframe, etc.): _____

Software applications skills (i.e. Microsoft Word, Excel, etc.): _____

Typing Speed: _____ WPM Shorthand/Speedwriting: _____ WPM

Machines and/or equipment operated: _____

Licenses or Certificates (type, State, or other licensing authority): _____

Professional Memberships (include offices held): _____

State any additional information that may be helpful to us in considering your application: _____

References

List the name and telephone number of four business/work references who are not related to you and are not previous Supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

VETERANS' PREFERENCE

For the purposes of appointments, retention, reinstatement and reemployment, Veterans' Preference ensures that veterans and eligible spouses of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion of the Veterans' Preference section below is made on a voluntary basis. **Substantiating documentation must be furnished at the time of application.**

Do you request Veterans' Preference? Yes No

If yes, please designate the basis for your preference below.

- _____ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense.
- _____ The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in the line of duty by a foreign power.
- _____ A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America
Wartime period includes the following. Please check all that apply:
 - ___ Spanish-American War (April 21, 1898, to July 4, 1902, and including the Philippine Insurrection and the Boxer Rebellion.)
 - ___ Mexican Border Period (May 9, 1916, to April 5, 1917)
 - ___ World War I (April 6, 1917, to November 11, 1918; extended to April 1, 1920, for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917, and November 12, 1918.)
 - ___ World War II (December 7, 1941, to December 31, 1946)
 - ___ Korean Conflict (June 27, 1950, to January 31, 1955)
 - ___ Vietnam Era (February 28, 1961, to May 7, 1975)
 - ___ Persian Gulf War (August 2, 1990, to January 2, 1992)
 - ___ Operation Enduring Freedom: October 7, 2001, and ending on the date thereafter prescribed by presidential proclamation or by law.
 - ___ Operation Iraqi Freedom: March 19, 2003, and ending on the date thereafter prescribed by presidential proclamation or by law.
- _____ The unremarried widow or widower of a veteran who died of a service-connected disability.
- _____ A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

NOTE: Any eligible applicant who believes he/she was not afforded employment preference may file a complaint with The Department of Veterans' Affairs (11351 Ulmerton Rd., Largo, FL 33778)

CERTIFICATION

This Certification Must Be Signed – Please read carefully

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I hereby authorize the City of New Port Richey to verify all information contained herein, and I release all past employers and all references from any and all liability for the release of information to the City of New Port Richey.

I further agree and consent in advance to being summarily discharged if any of the information provided by me contains any misrepresentation or falsification, or if any material information has been omitted.

_____ Date

_____ Signature

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Authority for Release of Information and Personal Inquiry Waiver

TO: Representative of Any Organization, Institution or Repository of Record

Please <u>print clearly</u> in black ink		
Legal Name:	_____	_____
	<i>(First)</i>	<i>(Middle)</i> <i>(Last)</i>
Address:	_____	
	<i>(Street)</i>	
	_____	_____
	<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
SS# (Last Four Digits):	_____	Date of Birth: _____
Driver's License Number:	_____	
State:	_____	Expiration Date: _____
Position Applied For:	_____	

Information on this form is only used to facilitate the background check.

I authorize the City of New Port Richey to perform a background investigation to assist the City in determining my suitability for the position I am seeking.

I respectfully request and authorize you to furnish the City and its representatives all information that you may have concerning my employment records, school records (to include copies of transcripts), character, reputation, military records, criminal history records, and driver's license (where applicable). This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Signature of Applicant

Date

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APPLICANT DATA FORM

The City of New Port Richey is an equal opportunity/affirmative action employer and has a commitment to diversity. Women, minorities, persons with disabilities and veterans are encouraged to apply.

This data will be used for statistical purposes and shall not be used to illegally discriminate for or against anyone. Please complete all sections.

1. Name: _____

Last
First
Middle

2. Please indicate your gender:
 Male
 Female
 I chose not to disclose

3. Indicate Ethnic group (check only one):
 Hispanic or Latino
 Not Hispanic or Latino
 I chose not to disclose

4. Indicate your Race (check only one):
 White (Not Hispanic or Latino)
 Black or African-American (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 American Indian or Alaskan Native (Not Hispanic or Latino)
 Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
 Two or more Races (Not Hispanic or Latino)
 I chose not to disclose

EEO-1 Ethnicity and Race Categories	Descriptions
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African-American (Not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
Asian (Not Hispanic or Latino)	A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
American Indian or Alaskan Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races.

5. Birth date _____