



CITY OF ARCADIA  
APPLICATION FOR  
EMPLOYMENT

Today's Date: \_\_\_\_\_

*"AN EQUAL OPPORTUNITY EMPLOYER"*

*Applications are Public Record*

*A Drug Free Workplace*

City of Arcadia  
Personnel Department  
Arcadia, FL 34266  
[www.arcadia-fl.gov](http://www.arcadia-fl.gov)

**FOR OFFICE USE ONLY**

Dept.: \_\_\_\_\_ Rate: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_ Requisition#: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

**HOW DO WE CONTACT YOU?**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**ARE YOU UNDER 18 YEARS OF AGE?** ☐ YES ☐ NO

**TYPE OF LICENSE:** ☐ Driver's ☐ Chauffeur's ☐ CDL - Class: \_\_\_\_\_ State: \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Exp date: \_\_\_\_\_

Is your license currently suspended or revoked? ☐ Yes ☐ No If yes, Why? \_\_\_\_\_

Has your license ever been suspended or revoked? ☐ Yes ☐ No

If yes, what year? \_\_\_\_\_ In what state? \_\_\_\_\_ Why? \_\_\_\_\_

**HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?** ☐ Yes ☐ No If yes, complete the following:

Branch of Service	Enlistment Date	Discharge Date	Type of discharge

**DO YOU CLAIM VETERAN'S PREFERENCE? (ATTACH PROOF OF ELIGIBILITY WITH EACH APPLICATION)** ☐ Yes ☐ No If yes, please specify:

☐ As a veteran of any war (as defined in the rules of Div. Of Veteran's Affairs). **You must attach a DD-214.**

☐ As a veteran with a compensable service connected disability. **You must attach proof of disability from Division Of Veteran's affairs or Department of Defense.**

☐ As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability.

☐ As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or who is missing in action, captured or forcibly detained by a foreign power.

*If you feel you did not receive veteran's preference in accordance with Florida Administrative Code, you have the right to an investigation by filing a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731. Phone: (800) 827-1000, within 21 days from the date you received notification that a non-preference applicant was appointed.*

Your qualifications for employment are based on the rating of your knowledge, abilities, and skills for the position(s) you apply for; and, if you qualify, your name is placed on an application register. Applications remain active for six (6) months. Your availability is your responsibility. Notify us if you change your name, address, or phone number. Your name will be removed from the register if you cannot be contacted for an interview three times or if you are interviewed three times, without a job offer. Applications may also be rejected for the following reasons: (1) Failure to complete application; (2) Failure to provide required documents when requested; (3) Not fully meeting all job requirements; (4) Failure to obtain a passing score on any required tests. Applicants failing the drug/alcohol screen are ineligible for consideration of employment of one year. A new application must be submitted to regain active status.

Have you filed an application with the City of Arcadia within the last six (6) months? ☐ Yes ☐ No  
 Have you ever worked for the City of Arcadia? ☐ Yes ☐ No If yes, date(s) \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Check status: ☐ Citizen of the United States  
☐ Legal Alien (Alien Number \_\_\_\_\_)  
 (Proof of U.S. Citizenship or Immigration status will be required upon employment.)

**LAW VIOLATION RECORD:** Have you, as an adult over the age of 18, ever been convicted, placed on probation, received a suspended sentence, deferred or adjudication withheld, or forfeited bail in connection with any offense (except minor traffic violations) in any civilian or military court? ☐ Yes ☐ No. Show all convictions; including driving while intoxicated convictions.

OFFENSE	DATE	PLACE	SENTENCE OR FINE

**EDUCATION:** Circle the highest grade you completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

NAME AND LOCATION OF HIGH SCHOOL AND/OR COLLEGE	AREA OF STUDY	# HRS COMPLETED		DEGREE
		Semester	Quarter	

**SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS:**

Typing Speed \_\_\_\_\_ WPM Office machines you operate efficiently: ☐ Dictaphone ☐ Computer  
☐ Other: \_\_\_\_\_

What type of Computer/Software do you have experience operating: \_\_\_\_\_

**LIST ANY MACHINERY OR HEAVY EQUIPMENT THAT YOU HAVE OPERATED:**

Can you read schematics? ☐ Yes ☐ No  
 Can you read blueprints? ☐ Yes ☐ No

**LICENSURE, REGISTRATION, SPECIAL CERTIFICATIONS:** Water License, Notary Public, Journeyman, etc.

License, Registration or Certification	Number	Date Received	Expiration Date	State licensing Agency



**RELATIVES EMPLOYED BY THE CITY OF ARCADIA:** Do you have any relatives by blood or marriage including elected officials, working for the City of Arcadia? ☐ Yes ☐ No If yes, complete the following:

FULL NAME OF RELATIVE (S)	DEPARTMENT	RELATIONSHIP

**REFERENCES:** List three (3) references who are not relatives:

NAME	COMPLETE ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

*Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's background. Use the space below to provide any additional information necessary to describe your full qualifications for the position(s) applied for.*

**Human Resources Use: (Please Initial/Date)**

- Are you currently employed? ☐ Yes ☐ No. If yes, may we contact your current employer? ☐ Yes ☐ No.
- Have you ever been discharged or asked to resign from any position? ☐ Yes ☐ No. If yes, give details. \_\_\_\_\_
- List below all jobs for the last ten (10) years, include prior experience, if relevant. List paid and volunteer experience; include exact dates of military service. List specific duties, skills and equipment operated and supervisory experience.

**USE ADDITIONAL SHEETS OF PAPER AS NECESSARY. A RESUME MAY BE USED TO SUPPLEMENT BUT NOT SUBSTITUTE APPLICATION INFORMATION**

<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		<b>To: (mo.)</b>	<b>(yr.)</b>
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
Reason for leaving:		Supervisor:	
		Phone Number:	
<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		<b>To: (mo.)</b>	<b>(yr.)</b>
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
Reason for leaving:		Supervisor:	
		Phone Number:	
<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		<b>To: (mo.)</b>	<b>(yr.)</b>
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
Reason for leaving:		Supervisor:	
		Phone Number:	
<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		<b>To: (mo.)</b>	<b>(yr.)</b>
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
Reason for leaving:		Supervisor:	
		Phone Number:	
<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		<b>To: (mo.)</b>	<b>(yr.)</b>
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
Reason for leaving:		Supervisor:	
		Phone Number:	
<p><b>APPLICANT CERTIFICATION – READ CAREFULLY BEFORE SIGNING:</b> I hereby certify that each answer to the questions herein and all other information furnished is true and correct. I further certify that all such answers and information constitutes full and complete disclosure of my knowledge with respect to the question or subject matter. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge at any time. If employed by the City of Arcadia, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers, schools and character references to give any information regarding my employment and to furnish any other information they may have concerning me. I understand that final approval of employment may depend upon satisfactory completion of a criminal background check, consumer credit check report, driver's license verification, and a post-offer employment physical examination and/or fitness for duty exam, including a drug/alcohol screen per F.S. 112.0455.</p>			
Date: _____		Signature of Applicant: _____	

Mail Completed Application to:  
City of Arcadia - Attn: Personnel  
23 N. Polk Ave., Arcadia, FL 34266  
or send electronically to Human Resources at [llowe@arcadia-fl.gov](mailto:llowe@arcadia-fl.gov)



**VOLUNTARY - CONFIDENTIAL**  
**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The following information is voluntary and will be used in our Affirmative Action Program reporting. This information is confidential. It is kept separately from your application and is not used to evaluate your qualifications. Thank you for your cooperation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Female ☐ Male

**CHECK THE RACE/ETHNIC GROUP WITH WHICH YOU IDENTIFY:**

☐ White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islanders ☐ American Indian or Alaskan Native

**CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:**

☐ Vietnam Era Veteran ☐ Disabled Veteran Status ☐ Disabled Individual

Position(s) Applied For: \_\_\_\_\_

**For Affirmative Action Officer's Use Only – Placement Information**

Dept./Div. #: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

**Cut Here-----**

Name \_\_\_\_\_

Thank you for submitting your application to the City of Arcadia. We would like to know how you heard about the open position. Please complete this form by checking the appropriate referral source.

☐ The City's Web Site  
☐ City Employee Referral, Name \_\_\_\_\_  
☐ Florida League of Cities  
☐ Walk - In  
☐ Heartland Workforce

☐ Peace River Shopper  
☐ Other \_\_\_\_\_  
☐ Walk-in  
☐ Other \_\_\_\_\_