

EDUCATION, TRAINING AND EXPERIENCE

SCHOOL NAME	YEARS COMPLETED (SELECT ONE)	DIPLOMA/DEGREE	COURSE OF STUDY OR MAJOR	DESCRIBE SPECIALIZED TRAINING, EXPERIENCE AND, SKILLS
HIGH SCHOOL	9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
COLLEGE/UNIVERSITY:	13 14 15 16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
GRADUATE/PROFESSIONAL:	17 18 <input type="checkbox"/> <input type="checkbox"/>			
OTHER:				

Describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess:

Do you speak, read or write any foreign languages? Yes No

Veteran's Preference - Do you wish to claim Veteran's Preference? Yes No (please indicate your discharge date) _____

To be considered you must submit a copy of your discharge papers (DD214).

Have you ever been terminated or asked to resign from any Job? Yes No
If yes, state employer(s) and reason (s) _____

EXPERIENCE - Please list the names of your present and previous employers over the last 10 years with the present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Omitted information will not be considered or assumed. (add additional pages(s) if necessary)

Job Title:	Employer's Name, Address & Phone #	Duties:
Month Day & Year		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised	Supervisor's Title:	
Monthly Salary:	Supervisor's Phone #	
Job Title:	Employer's Name, Address & Phone #	Duties:
Month Day & Year		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised	Supervisor's Title:	
Monthly Salary:	Supervisor's Phone #	

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Month Day & Year		
From:		
To:	Supervisor's Name:	Reason for Leaving:
# Hrs per Week:		
# People Supervised	Supervisor's Title:	
Monthly Salary:	Supervisor's Phone #	

REFERENCES: Please list three persons, other than relatives and previous employers (include name, address and phone#)

1. _____
2. _____
3. _____

I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time. I hereby authorize the City to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I hereby release the City, my former employers and all other persons, corporations, partnerships and associations from any all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature

Date

The City of Lake Wales is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager (unless otherwise provided by a collective bargaining agreement applicable to the position).

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed six (6) months from the date I am hired.