



CITY OF HIALEAH

FOR OFFICE USE ONLY
Received by: _____
Date Received: _____

HUMAN RESOURCES DEPARTMENT

501 Palm Avenue, Hialeah, Florida 33010
Job Hotline: 305-883-8057, www.hialeahfl.gov
Telephone: 305-883-8050

The City of Hialeah is an equal opportunity/drug free employer and does not discriminate on the basis of age, citizenship, pending citizenship status, color, disability, marital status, national origin, race, religion, familial status, gender or sexual orientation. Please note that under Florida law, employment applications are open for public inspection. You must be a U.S. Citizen or alien resident lawfully authorized to work in the U.S. to be considered for employment with the City of Hialeah. The City of Hialeah will provide reasonable accommodations, due to any disability, for all applicants and employees. To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any City sponsored proceeding, please contact 305-883-5820, two days in advance, to initiate your request. Please let us know if you require any special accommodations before any test(s) and/or interview.

INSTRUCTIONS: Answer all questions. Do not leave any item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. *Copies of Education Documents, Current Professional Licenses or Certificates, Birth Certificate or Proof of Citizenship, Proof of Authority to Work in the United States (if applicable), Photo Identification and Social Security Card must be submitted with your Employment Application.* In compliance with Florida Statutes §119.071(5), the City of Hialeah Human Resources Department collects and uses your Social Security number only for the purpose of performing the City's duties and responsibilities.

Date of Application **Position you are applying for:**

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Last Name	First Name	Middle Initial	Social Security Number

HOME TELEPHONE	WORK TELEPHONE	CELLULAR TELEPHONE	E-MAIL

Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized by U.S. Citizenship and Immigration Services to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien # A: _____
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Please account for all of your residence(s) for the past five (5) years. Attach additional sheets as needed.

PRESENT ADDRESS	City	State	Zip Code
How long have you lived at this address? _____ years _____ months			

PREVIOUS ADDRESS	City	State	Zip Code
How long did you live at this address? _____ years _____ months			

PREVIOUS ADDRESS	City	State	Zip Code
How long did you live at this address? _____ years _____ months			

Are you a current / previous City of Hialeah employee?

Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Separation	Reason for Separation	Classification / Department
Previous: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you related to any City of Hialeah employee(s)? Yes No

Employee's Name	Title	Relationship	Department / Division
Employee's Name	Title	Relationship	Department / Division

DRIVER LICENSE INFORMATION

Driver License Number:	State Issued:	Date Issued:	Expiration Date:	Safe Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Restrictions: _____

Endorsements: _____

Class A: ____ Class B: ____ Class C: ____ Class D: ____ Class E: ____ (Regular)

Has your license ever been suspended? Yes No

Has your license ever been revoked? Yes No

If yes, please provide dates and explain:

EDUCATION

School Name and Address (City and State)	Dates Attended	Credit hours earned	Did you graduate? Yes / No	Degree Received	Major Field of Study
High School:					
Higher Education:					
Other:					

Current Professional Licenses or Certificates and Issuing Agency	Date Issued	Date of Expiration

REFERENCES: List three personal references (non-relatives)

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

CRIMINAL COURT PROCEEDINGS

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law?

Yes No If yes, please give details below.

Date: _____

Agency: _____

Offense/Charge: _____

Felony Misdemeanor

Outcome: _____

Note: A conviction does not automatically mean you are disqualified from City employment. The nature of the offense, how long ago it occurred, etc. are given consideration dependent on the jobs' classification. *Attach additional sheets as needed.*

CIVIL COURT PROCEEDINGS

Have you ever been sued in a civil court for intentional tort [assault, battery, theft]? Yes No If yes, please give details below, including the nature of the case and the disposition of the action.

PLEASE ELABORATE ON HOW YOUR TRAINING AND EXPERIENCE RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING:

EMPLOYMENT HISTORY

List all jobs held in the last TEN (10) years, and explain all gaps in employment (example: volunteer work, etc.) Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position first and work back. Use additional sheets if necessary. *Attach additional sheets as needed.*

May we contact your present employer regarding your record of employment? Yes No

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours Per Week	Current/Ending Salary Per	From Date	/ /	To Date	/ /
Why did you leave?					
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours Per Week	Current/Ending Salary Per	From Date	/ /	To Date	/ /
Why did you leave?					
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours Per Week	Current/Ending Salary Per	From Date	/ /	To Date	/ /
Why did you leave?					
Description of Duties					

APPLICANTS FOR LAW ENFORCEMENT ONLY:

Are you currently the subject of a pending investigation for one or more criminal, civil, or administrative violation(s)?

Yes No

Did you separate from previous employment while under investigation?

Yes No

If yes, state facts and reasons for separation:

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My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatements of fact may result in disqualification or dismissal. I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources Department. If I cannot be contacted, I may forfeit my eligibility for employment.

SIGNATURE	DATE
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AUTHORIZATION AND RELEASE OF BACKGROUND INVESTIGATION

I hereby **CONSENT** the City of Hialeah, or Representative bearing this release or a copy thereof, to obtain any information or records from persons, corporations, agencies, associations, institutions or organizations as may be relevant and necessary to determine my fitness and suitability for employment consideration with the City of Hialeah.

Such information and records may include, but are not limited to, those pertaining to abilities, affiliations, character, credit and finances, education, employment, family, insurance, judicial and law enforcement records, memberships, military, and motor vehicle operation and traffic history.

I hereby **AUTHORIZE** and direct you to release such information and records upon request to bearer. This authorization is executed with full knowledge and understanding that:

1. Records and information disclosed shall be for official evaluation of my employment application by the City of Hialeah and are used as selection criteria **ONLY** where related to performance of the job for which I have applied.
2. The City of Hialeah will take measures to protect the aforementioned information and records against unauthorized disclosure.
3. Certain non-exempt portions of the background investigation process may be made available for inspection by third parties pursuant to the public records and other laws.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

City of Hialeah
Human Resources Department
501 Palm Avenue, 3rd Floor
Hialeah, FL 33010

I hereby **RELEASE** the custodian of such records, including the City of Hialeah and aforementioned persons, corporations, agencies, associations, institutions, organizations, and their employees, agents and representatives, both individually and collectively, from any and all liability for damages by me, my heirs, family, or associates resulting from lawful compliance or any attempts at lawful compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

Florida Statutes §768.095, titled “Employer Immunity from Liability; Disclosure of Information Regarding Former or Current Employees,” states:

An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee is immune from civil liability for such disclosure or its consequences unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under Chapter 760.

Last Name	First Name	Middle Initial	Social Security Number

SIGNATURE	DATE

VETERANS' PREFERENCE

Completion of the Veterans' Preference Claim section is made on a voluntary basis and kept in confidential accordance with the Americans with Disabilities Act.

A veteran is "a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. To receive benefits as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized or a veteran must have served during one of the following periods of wartime service:" (1.01 (14) F.S.)

- a. Spanish-American War: April 21, 1898 -July 4, 1902, including the Philippine Insurrection and the Boxer Rebellion;
- b. Mexican Border Period: May 9, 1916- April 5, 1917, in the case of a veteran who during such period served in Mexico, on the borders thereof, or in the waters adjacent thereto;
- c. World War I: April 6, 1917 - November II, 1918; extended to April I, 1920, for those veterans who served in Russia; also extended through July I, 1921, for those veterans who served after November II, 1918 and before July 2, 1921, provided such veterans had at least I day of service between April 5, 1917 and November 12, 1918;
- d. World War II: December 7, 1941- December 31, 1946;
- e. Korean Conflict: June 27, 1950 - January 31, 1955;
- f. Vietnam Era: February 28, 1961 - May 7, 1975;
- g. Persian Gulf War: August 2, 1990 - January 2, 1992;
- h. Operation Enduring Freedom: October 7, 2001, and ending on the date thereafter prescribed by presidential proclamation or by law; and/or
- i. Operation Iraqi Freedom: March 19, 2003, and ending on the date thereafter prescribed by presidential proclamation or by law.

Listed below are the seven Veteran's Preference categories:

1. Disabled veterans who have served on active duty in any branch of the United States Armed Forces and who: (a) have a presently existing service-connected disability which is compensable under public laws administered by the DVA, or: (b) are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.
2. The spouse of any person: (a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment, or: (b) who is missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
3. A wartime veteran as defined in section 1.01(14), F.S., who has served in active duty during a specified wartime period for at least 1 day in a campaign or expedition for which a campaign badge has been authorized, including any armed forces expeditionary medal or the global war on terrorism medal, or during one of the specified periods of wartime service; however, active duty for training is not allowed for eligibility.
4. The unremarried widow or widower of a veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the Department of Defense.
6. A veteran as defined in section 1.01(14), F.S., who has served in active duty as specified; however, active duty for training is not allowed for eligibility.
7. A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

If any applicant claiming Veterans' Preference for a vacant position is not selected for the position, they may file a complaint with the Florida Department of Veterans' Affairs, Veterans' Preference Coordinator, 11351 Ulmerton Road, Suite 311, Largo, FL 33778. A complaint must be filed within 60 days of the applicant receiving notice of the hiring decision made by the employer. However, prior to filing a complaint, the applicant must contact the Human Resources Director or designee after 45 days from submitting an application or interview date, whichever is later.

VERTERANS' PREFERENCE CLAIM

DO YOU WISH TO CLAIM VETERANS' PREFERENCE? YES NO

*If "Yes", it is your responsibility to submit documentation (DD Form 214) or a letter from the Florida Department of Veterans' Affairs or Department of Defense indicating service-connected disability, substantiating your claim at the time of application.

If eligible, which of the seven Veterans' Preference category are you claiming? _____

Branch of service: _____ **Date of entry:** _____
Date of discharge: _____ **Type of discharge:** _____

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation; I may be subject to dismissal or disqualification. I understand that my Veterans' Preference status may be subject to change in the event that information is obtained that affects my preference determination.

Signature: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The following information is being gathered by the City of Hialeah for research and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so, and assure you that this information will not be used to evaluate your application and will be kept confidential.

JOB/POSITION APPLIED FOR: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH (Month/Day/Year): _____

GENDER: Male Female

Race/Ethnic Categories

What is your race/ethnicity? *Mark one or more races/ethnicities to indicate what you consider yourself to be.*

- American Indian or Alaskan native – Print name of enrolled or principal tribe _____
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- Hispanic/Latino
- White
- Other – Print Race: _____

How did you learn of this position?

- Ad in newspaper _____
- Ad in trade journal _____
- Ad on radio _____
- Completed interest form and received notification
- Job Hotline
- City bulletin board/walk-in
- Friend/City Employee
- Internet _____
- Job Fair _____
- Agency Referral _____
- Other _____



NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USAGE

In compliance with Florida Statutes §119.071(5), the City of Hialeah Human Resources Department collects and uses your Social Security number only for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing an Employment Application/Packet;
- Completing and processing Federal I-9 (Employment Eligibility Verification Form);
- Completing and processing Federal W4, W2 and 1099 (tax forms);
- Completing and processing Federal Social Security taxes;
- Completing and processing Quarterly Unemployment Reports;
- Completing and processing Federal and State Employee and Educational Reports;
- Completing and processing Direct Deposit transactions;
- Completing and processing group health, life and dental coverage enrollment;
- Completing and processing Supplemental Insurance Deduction Reports;
- Completing and processing Workers' Compensation Claims;
- Completing the employee's background screening and validating the employee's educational credentials;
- Completing and processing Retirement Contribution Reports;
- Processing retirement benefits;
- Processing employee benefits;
- Any other reason that is determined imperative for the performance of the City's duties and responsibilities, as prescribed by law; and/or
- Any other reason specifically authorized by law to do so.

NOTIFICATION

Providing a Social Security number is a condition of employment at the City of Hialeah.

The City may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The City may not deny a commercial entity engaged in the performance of a commercial activity access to Social Security numbers, provided the Social Security numbers will be used only in the performance of a commercial activity, and provided the commercial entity makes a written request for the Social Security numbers.

**THIS PAGE IS FOR YOUR INFORMATION ONLY.
IT DOES NOT HAVE TO BE SUBMITTED AS PART OF YOUR APPLICATION AND CAN BE
REMOVED BY YOU PRIOR TO APPLYING FOR A POSITION.**