CITY OF OKEECHOBEE APPLICATION PACKET

GENERAL SERVICES COORDINATOR

Questions regarding the application packet, job description, or the process should be directed to:

Heather Prince, Human Resources Generalist
Phone: 863.763.3372, Ext. 9796
Email:humanresources@cityofokeechobee.com

INSTRUCTIONS FOR APPLYING:

1. **COMPLETE THE APPLICATION ENTIRELY (4-PAGES)**
   Read instructions thoroughly, complete as instructed, sign and date.
   If you have applied with us for another position in the last six months, call us! We may be able to use the application packet on file.
2. **COMPLETE PERSONAL INQUIRY WAIVER FORM (1-PAGE)**
   Must be notarized (sign the form in front of a notary).
   Notaries are available at City Hall; bring your driver's license with you.
3. **VETERAN PREFERENCE ELIGIBILITY FORM (2-PAGES)**
   If you are a Veteran; active Reservist; spouse, widow(er), parent or legal guardian of a Veteran, read the form thoroughly to see if you qualify.
   Should you be eligible, provide copies of all required documents with the form.
   If you do not meet the requirements, discard this form.
4. **PAST/CURRENT EMPLOYMENT REFERENCE FORM(S)**
   Read ALL instructions to complete the forms correctly – **Applicants are to send these out. Past employers are to forward them to Human Resources, NOT the applicant.**
   Complete one form for each previous employer listed on your application.
   If we may contact your current employer, complete a form for them.

CHECK LIST FOR SUBMITTING APPLICATION:

This position is open until filled, applications will be reviewed in the order submitted. The following documents must be submitted to the Human Resources Office for application to be considered for this position. Applications may be submitted in person, or through email, or mail. Should documents with * not be available, contact us **BEFORE** submitting your application, some exceptions can be made to submit the documents later:

- ☐ **Application**
- ☐ **Personal Inquiry Waiver (Notary available at no cost at City Hall. Photo ID required)**
- ☐ **Veterans Preference Eligibility Form with required documents (if applicable)**
- ☐ ***High School Diploma or equivalent copy**
- ☐ **Resume**

CITY OF OKEECHOBEE
Office of the City Clerk
55 SE 3RD AVENUE, OKEECHOBEE, FL 34974
863-763-3372 EXT. 9814 www.cityofokeechobee.com

EMPLOYMENT APPLICATION

EEO/ADA/GINA/VP/DFWP/E-verify

The information contained on this application is sought in good faith. 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. The City may require pre-employment: substance screening, health physical, drivers license record, and criminal background checks for all positions.

Applicants must fully read and understand the essential job duties and physical demands included on description to which they are applying. They are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable qualified applicants with disabilities to perform essential functions.

GENERAL INSTRUCTIONS:

- ✔ Complete all information within this application in its entirety.
- ✔ Type or Print in ink.
- ✔ All information provided will be a public record and will be released upon request, unless exempt or confidential.
- ✔ Specify the position for which you are applying. (Note: a separate application must be submitted for each vacancy. Photocopies are acceptable.)
- ✔ Submit to address on application.

POSITION APPLIED FOR AND CONTACT INFORMATION:

Date:_____ Position Title: Full-Time General Services Coordinator
How Did You Learn About Us? ___Advertisement ___Relative/Friend
___Employment Agency ___Other:_____

Name:_____
Last First MI

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Alternate Phone:_____

E-mail:_____

If you are under 18 years of age, can you provide required proof of eligibility to work? ___Yes ___No
Have you ever filed an application with us before? ___Yes ___No
If Yes, give date _____, Position Title:_____
Are you currently employed? ___Yes ___No
May we contact your present employer? ___Yes ___No

Date available to start for work:_____
Are you available for: ___Full-Time ___Part-Time ___Temporary. If Part-Time/Temporary Indicate: __Mornings __Afternoon __Evenings

Are you currently on "lay-off" status and subject to recall? ___Yes ___No
Can you travel if a job requires it? ___Yes ___No

EDUCATION:

	Name & Location	Course of Study	Dates Attended	Diploma/ Degree
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:				
High School:				
College/University:				
Trade, Vocation, Business or Miliary:				
Others:				

License or Certification	Number	Date Received	Expiration	Agency Issuing

PERIODS OF EMPLOYMENT:

*Begin with your present or most recent job and if applicable list your work experience for at least the last 10 years. All information in this section must be completed in detail. Resumes may be attached to provide **additional** information. Do not reply "see resume" as a response. Use a separate block to describe each position you've held or gap in employment. If needed, attach additional sheets, using the same format. Include any job-related military service training or assignments and related volunteer work.*

EMPLOYER: **ADDRESS:** **CITY:** **STATE:** **ZIP:**

PHONE NUMBER(S): **JOB TITLE:** **SUPERVISOR:** **LAST SALARY:**

FROM:_____ **TO:**_____ **NAME IF DIFFERENT DURING EMPLOYMENT:**_____

DUTIES & RESPONSIBILITIES:_____

REASON FOR LEAVING:_____

EMPLOYER: **ADDRESS:** **CITY:** **STATE:** **ZIP:**

PHONE NUMBER(S): **JOB TITLE:** **SUPERVISOR:** **LAST SALARY:**

FROM:_____ **TO:**_____ **NAME IF DIFFERENT DURING EMPLOYMENT:**_____

DUTIES & RESPONSIBILITIES:_____

REASON FOR LEAVING:_____

EMPLOYER: **ADDRESS:** **CITY:** **STATE:** **ZIP:**

PHONE NUMBER(S): **JOB TITLE:** **SUPERVISOR:** **LAST SALARY:**

FROM:_____ **TO:**_____ **NAME IF DIFFERENT DURING EMPLOYMENT:**_____

DUTIES & RESPONSIBILITIES:_____

REASON FOR LEAVING:_____

EMPLOYER: **ADDRESS:** **CITY:** **STATE:** **ZIP:**

PHONE NUMBER(S): **JOB TITLE:** **SUPERVISOR:** **LAST SALARY:**

FROM:_____ **TO:**_____ **NAME IF DIFFERENT DURING EMPLOYMENT:**_____

DUTIES & RESPONSIBILITIES:_____

REASON FOR LEAVING:_____

KNOWLEDGE, SKILLS, ABILITIES:

List any specialized training, apprenticeship, skills or equipment you can operate, that you believe relevant to the position you seek:

_____

_____

_____

LAW ENFORCEMENT AND FIREFIGHTER APPLICANTS ONLY:
List specific law enforcement education and/or training. Indicate if certificate was received, date, and certificate number:

_____

_____

_____

_____

ATTACH ADDITIONAL PAGES AS NECESSARY

FOREIGN LANGUAGES		Fluent	Good	Fair
List any you can	Speak:			
	Read:			
	Write:			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ESSENTIAL FUNCTIONS AND QUALIFICATIONS INVOLVED IN THE JOB OR POSITION FOR WHICH YOU HAVE APPLIED? A review of the essential functions, qualifications, tools and equipment used, physical demands and work environment are explained in the job description which has been given. . . . . ___Yes ___No

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE:

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.071 F.S.? . . . . . ___Yes ___No

***Other covered jobs include but are not limited to: correctional and correctional probation officer, firefighters, human resources officers, code enforcement officers, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement of child support enforcement and certain investigators in the Department of Children and Families [see §119.071, F.S.].*

DRIVER'S LICENSE INFORMATION:

Do you have a valid Florida Driver's License? . . . . . ___Yes ___No

Driver's License Number:_____ State Issued:_____ __Commercial __Non-Commercial __Motorcycle

Has your license ever been suspended or revoked? . . . . . ___Yes ___No
If Yes, please provide date and explain: _____
_____

BACKGROUND INFORMATION:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? . . . . . Yes ___No

If Yes what charges?_____

Where convicted?_____ Date of Conviction:_____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? . . . . . ___Yes ___No

If Yes what charges?_____

Where convicted?_____ Date of Conviction:_____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? . . . . . ___Yes ___No

If Yes what charges?_____

Where convicted?_____ Date of Conviction:_____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered. Crime conviction check will be conducted. [See §112.011 F.S.]

RELATIVES:

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR THE CITY IN ANY CAPACITY? . . ___Yes ___No

If YES, Name(s):_____ Relationship(s):_____

CITIZENSHIP:

The City of Okeechobee hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

ARE YOU A U.S. CITIZEN? . . . . . ___Yes ___No

IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING? . . . . . ___Yes ___No

STATEMENT & CERTIFICATION:

I certify that all answers are true and complete to the best of my knowledge. I understand that falsification, omission, misleading statements, or misrepresentation is cause for rejection of this application or dismissal from employment. I authorize investigation of all statements contained in this application.

I hereby release all companies, schools or persons from all liability for any damage for issuing this information. I understand that the City may request driver's license, credit and/or criminal reports about me. I have the right to request that the City completely and accurately disclose to me the contents of those reports, upon written request to the Office of the City Clerk.

I further understand that only a Department Head or authorized designee may make an offer of employment. I realize that this application is not a contract of employment and does not imply that I will be interviewed for a position or hired. Upon termination of employment I understand that the city may hold my final paycheck until a final accounting is made for any city property in my custody. I hereby acknowledge that I have read and understand each of the above statements.

Signature:_____ Date:_____

PERSONAL INQUIRY WAIVER

Authority for Release of Information

To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

I respectfully request and authorize you to furnish the City of Okeechobee through the Okeechobee City Police Department, Human Resources Office, and its authorized representatives bearing this release or a copy thereof, within one year of the date hereon, to obtain any and all information that you have concerning my work record, school record/education, military record, attendance, personal history, criminal record, disciplinary record, reputation and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and photostats of same, if requested. I hereby direct you to release such information on request of the bearer or sender of this instrument. This release is executed with the full knowledge and understanding that the information is for the official use of the City of Okeechobee to assist in determining my qualifications and fitness for the position I am seeking with the City of Okeechobee.

I hereby release you, your organization or others, as custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, business establishment including its officers, employees or related personnel, both individually and collectively, from any and all liability or damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Number on a voluntary basis with the understanding that such is not required by law or regulation. I have been advised that the City of Okeechobee will utilize this number only to facilitate the location of employment, military credit, residence, criminal and educational records concerning me in connection with my application for employment.

I understand that by permitting a release of medical information I am waiving my right to protected health information afforded to me by the Health Insurance Portability and Accountability Act of 1996 (HIPPA) for purposes of this application, and hold the City harmless from any claims by me under the Act for this limited purpose. Should there be any question as to the validity of this release, you may contact me as indicated below.

_____
Applicant's Signature Date

_____
Print Full Name

_____
Address

_____
City State Zip Code

_____
Phone No.

AFFIDAVIT

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me, by means of __physical presence or __online notarization, this ____ day of _____, 20____, by _____
who is personally known to me or who has provided _____ as identification.

_____
Notary Public Signature
Notary Commission No. & Expiration & Seal

VETERAN'S PREFERENCE ELIGIBILITY FORM

City of Okeechobee - Office of the City Clerk

55 SE 3rd Ave, Room 100, City Hall, Okeechobee, FL 34974

Phone: (863) 763-3372 ext. 9814

INSTRUCTIONS: Complete both pages of this form if you are claiming Veterans' preference. Before being given a preference, you will be required to submit documentation in accordance with the provisions of Florida Law. Veterans' preference is awarded for selection procedures taken and passed, **providing this and all required documentation is submitted to the City Clerk's Office**. Preference will not be awarded retroactively.

PERSON APPLYING FOR PREFERENCE

Name (Last, First, Middle)

Position applying for: Certified Police Officer/Detective

VETERAN INFORMATION (*to be provided by the person applying for preference*)

Veteran's Name (Last, First, Middle) exactly as it appears on Service Records)

Branch of Service	**Type of Discharge/Character of Service**
Veteran's periods of Service Date of Entry:	Date of Discharge:
Dates of Active Duty From: To:	**Dates of Training** From: To:

Does the Veteran have a service connected disability?	Yes	No
If yes, is the service connected disability compensable?	Yes	No
What is the percentage of disability?	%	

Documentation you will be submitting for consideration for Veterans' Preference:

IMPORTANT NOTICE:

In accordance with Florida law, preference in appointment, employment and promotion shall be given first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4, 5, 6 and 7 (as shown on page two). Preference in appointment and employment requires that a preferred applicant be given special consideration each step of the employment selection process but does not require the employment of a preferred applicant over a non-preferred applicant who is more qualified for the position, based on the minimum required qualifications within the job description.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs. A complaint must be filed within 60 days of the applicant receiving notice of the hiring decision made by the employing agency or as otherwise provided in Rule 55A-7.016, Florida Administrative Code.

Submission of this form and accompanied documentation does not constitute automatic eligibility for Veterans' preference. Eligibility for Veterans' preference is subject to verification of information and documentation provided.

The following positions are exempt from Veterans' preference provisions: positions filled by officers elected by popular vote or persons appointed to fill vacancies in such offices and positions which require that the employee be a member of The Florida Bar.

WARTIME ERAS - for the purpose of determining Veterans' preference, wartime era is limited to service during the following time periods:

- September 1, 2010 to present (Operation New Dawn)
- March 19, 2003 to present (Operation Iraqi Freedom)
- October 7, 2001 to present (Operation Enduring Freedom)
- August 2, 1990 to January 2, 1992 (Persian Gulf War)
- February 28, 1961 to May 7, 1975 (Vietnam Era)
- June 27, 1950 to January 31, 1955 (Korea Conflict)
- December 7, 1941 to December 31, 1946 (WWII)
- April 6, 1917 to July 1, 1921, if one day of service was between 4/5/1917 and 11/12/1918 (WWI)
- April 6, 1917 to April 1, 1920, if served in Russia (WWI)
- April 6, 1917 to November 11, 1918 (WWI)

PERSON APPLYING FOR PREFERENCE

Name (Last, First, Middle)

TYPE OF VETERANS' PREFERENCE CLAIMED

Instructions: Check the box below to indicate the type of preference you are claiming. Answer all questions associated with that box and provide the listed documentation.

CATEGORY/DOCUMENTATION REQUIRED

☐ **(1)** A veteran who served on active duty, received an honorable discharge and have established the present existence of a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the United States Department of Veterans Affairs (DVA) and the United States Department of Defense (DOD).

Required documents: A DOD document, commonly known as a DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type and a document from the DOD, the DVA, or the Department certifying that the Veteran has a service-connected disability.

☐ **(2)** The spouse of a Veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a Veteran missing in action, captured or forcibly detained by a foreign power.

Are you presently married to the Veteran? □ Yes □ No

If no, have you remarried? Do not count marriages that were annulled. □ Yes □ No

Required documents: Spouses of disabled Veterans: A DOD document, commonly known as a DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing the spouse's military status, dates of service and discharge type **also** a certification from the DOD or the VA that the Veteran is totally and permanently disabled or an identification card issued by the Department; **and** evidence of marriage to the Veteran **and** a *statement that the spouse is sill married to the Veteran at the time of the application for employment; and submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability.

Spouses of persons on active duty: A DOD document or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; **and** evidence of marriage **and** *a statement that the spouse is married to the person on active duty at the time of application of employment.

***Signing this form will serve as statement that you are still married to the Veteran at the time of this application.**

☐ **(3)** 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.

Required documents: A DOD document, commonly known as a DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

☐ **(4)** The un-remarried widow or widower of a Veteran who died of a service-connected disability.

Were you married to the Veteran when he or she died? □ Yes □ No

Have you remarried since the Veteran's death? Do not count marriages that were annulled. □ Yes □ No

Required documents: A DOD document or the DVA certifying the service-connected death of the Veteran, **and** evidence of marriage **and** *a statement that the spouse is not remarried.

***Signing this form will serve as statement that you (the spouse) has not remarried at the time of this application.**

☐ **(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 United States DOD.

Relationship to service member: □ Mother □ Father □ Legal Guardian □ Unremarried widow or widower

Required documents: A DOD document certifying the service-connected death of the Veteran under combat-related conditions. In addition, the legal guardian shall provide proper court documents establishing the legal authority of Guardianship.

☐ **(6)** A Veteran who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions.

Required documents: A DOD document, commonly known as a DD-214 (Member 4 copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

☐ **(7)** A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

Required documents: A letter from Commanding Officer stating the dates of military service to establish service member is currently active.

I acknowledge that I have read and understood the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith. ☐ **Certification**

Name: **Date:**

CITY OF OKEECHOBEE
55 SE 3rd Avenue Okeechobee, FL 34974 * (863)763-3372 * Fax (863)763-1686

PAST/PRESENT EMPLOYMENT REFERENCE FORM

INSTRUCTIONS TO APPLICANTS:

1. Complete a form on each past employer, and unless noted on application, your current employer.
2. Attach a copy of the ***completed AND notarized*** Authorization Waiver and forward to the appropriate person from your past/current employer. *NOTE: it is strongly suggested that you contact the past employer to verify who should receive this form, most companies do not allow supervisors to complete these, and require them to go to the Personnel or Human Resources Department.*
3. Once the form is completed, have them forward it to the **Human Resources Office** via email: humanresources@cityofokeechobee.com, or fax: 863-763-1686, or mail to the address above.

Company		Contact		Email	

DEAR PAST/PRESENT EMPLOYER:

_____ is applying for employment as a General Services Director with the City of Okeechobee and has given us the information stated below concerning their employment with your organization. The applicant has authorized us to communicate with you for verification of this information and such reference information as you care to give. A copy of the written authorization is attached.

Applicant to complete items below ONLY:	***Response from Past/Current Employer ONLY:*** Correct if information supplied by applicant is in error:
Dates of Employment:	
Position Held:	
Last Rate of Pay:	
Reason for Leaving:	

To be completed by Past/Current Employer ONLY: We would appreciate any information you may be able to give regarding their work performance, including your candid appraisal of the applicant's suitability for this position. Whatever statement you make will be kept in strict confidence.

	Excellent	Above Average	Average	Below Average	Poor	ADDITIONAL COMMENTS:
Quality of Work	☐	☐	☐	☐	☐	
Punctuality/Attendance	☐	☐	☐	☐	☐	
Dependability/Attitude	☐	☐	☐	☐	☐	
Health/Personal Appearance	☐	☐	☐	☐	☐	
Relationship to Co-Workers	☐	☐	☐	☐	☐	
Relationship to Public	☐	☐	☐	☐	☐	

Is this individual eligible for rehire with your company? _____ If not, please explain: _____

_____

_____

Your Name & Title:_____ Date:_____

Contact Information: email:_____ Phone:_____

Thank you for your cooperation and please do not hesitate to call me at the number or email above should you have any questions.

Sincerely,

Heather Prince
Human Resources Generalist