



City of Hialeah Gardens

Employment Application

10001 N.W. 87th Avenue, Hialeah Gardens, FL 33016

Phone (305) 558-4114 Fax (305) 819-5315

The City Of Hialeah Gardens is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Applicant Information

Name: _____
Address: _____
City/State: _____ Zip Code: _____
Phone #: _____ Email: _____

Position applying for: _____ Salary Desired: _____
How did you hear about this opening? _____
Full time: _____ Part time: _____ Able to work shifts: _____
Weekends: ____ Overtime: ____ Able to work nights: ____ Starting date if hired: ____
Are you legally authorized to work in the U.S.? : _____
Are you a US citizen: _____

Personal

Have you been previously employed by the City of Hialeah Gardens? _____
If so, please provide the date(s): _____
Do you have any relatives currently employed by the City: _____
If yes, state name and relationship: _____

Educational Background

High school name and location: _____
Course of Study: _____ Graduated: _____
Degree: _____

College name and location: _____
Course of study: _____ Graduated: _____
Degree: _____
Other: _____

Skills

Special skills _____
Are you computer literate? _____
Professional Licenses _____
Typing: _____ WPM: _____
Languages: _____

Employment History

Company Name: _____ Location: _____ Phone: () _____ Position: _____ Employed from: _____ to: _____ Why separated: _____ Last wage: _____ May we contact the firm: _____
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Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. If yes,

Explain: _____

Please read and initial each paragraph below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

____ I hereby authorize The City of Hialeah Gardens to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release The City of Hialeah Gardens, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

____ I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

____ If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that The City of Hialeah Gardens may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

____ I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between The City of Hialeah Gardens and me. In addition, I understand and agree that if I am employed, my employment relationship with The City of Hialeah Gardens is strictly voluntary and at our own mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or The City of Hialeah Gardens, and that no promises or representations contrary to the forgoing are binding on The City of Hialeah Gardens unless made in writing and signed jointly by the President/CEO and myself.

____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or The City of Hialeah Gardens benefits, policies and procedures will not alter out at-will and arbitration agreements.

____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Florida driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by The City of Hialeah Gardens auto insurance, if required for my position.

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate _____ Department _____

By _____
Name & Title

Date

NOTES:

