



**North Springs Improvement District  
APPLICATION FOR EMPLOYMENT  
9700 NW 52 ST  
Coral Springs, Florida 33076  
Equal Opportunity Employer M/F/D/V**

**INSTRUCTIONS**

You must fully complete the application to be considered for employment. Please answer each question.  
If the question does not apply, state N/A. If the space available is insufficient, please fill out a supplement sheet.  
Please PRINT CLEARLY IN INK OR TYPE all information.

1) Position Applied For:	2nd Choice	3rd Choice
--------------------------	------------	------------

2) Last Name	First Name	Middle Name
--------------	------------	-------------

3) Present Address:	Street	/	City	/	State	/	Zip
---------------------	--------	---	------	---	-------	---	-----

4) Previous Address:	Street	/	City	/	State	/	Zip
----------------------	--------	---	------	---	-------	---	-----

5) Telephone Number	6) Under the immigration Reform and Control Act, we are required to verify that you are legally eligible for employment in the U.S. We will require documentation upon employment.
---------------------	--

7) Education <b>APPLICANTS MUST SUBMIT COPIES OF DIPLOMAS OR CERTIFICATES OR APPLICATION WILL NOT BE PROCESSED</b>
---

List Education and Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.)

Name and Location of Vocational School, Training Center, etc.	Dates Attended		Courses or Subjects Taken	Certificates Received
	From MO/YR	To MO/YR		

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	High School Attended: _____
High School Diploma: <input type="checkbox"/> YES <input type="checkbox"/> NO	Address _____
GED Equivalency: <input type="checkbox"/> YES <input type="checkbox"/> NO	City _____ State _____ Zip _____

List Colleges and Universities Attended Below:

Name and Address of College or University	Dates Attended		Total Credit Hours	GPA	Major/Minor Field of Program of Study	Did You Graduate?	Type of Degree
	From MO/YR	To MO/YR					
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

8) Employment Record: Begin with your present or most recent employment and work back. List all jobs held in the last ten years. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. If more space is necessary, please use the application supplement sheet. Be specific when describing job duties. May we contact your present employer regarding your record of employment?  YES  NO

(1) Current or Previous job					
From To				Total Time	
MO.	YR.	O Q.	YR.	YRS.	O QS.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					
Employer _____					
Address _____					
City, State, Zip Code _____					
Telephone Number (_____) _____					
Supervisor's Name and Title _____					
Your Job Title _____					
Reason for leaving position or if currently employed, why are you leaving? _____					

Specific Duties:

(2) Previous job					
From To				Total Time	
MO.	YR.	O Q.	YR.	YRS.	O QS.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					
Employer _____					
Address _____					
City, State, Zip Code _____					
Telephone Number (_____) _____					
Supervisor's Name and Title _____					
Your Job Title _____					
Reason for leaving position? _____					

Specific Duties:

(3) Previous job					
From To				Total Time	
MO.	YR.	O Q.	YR.	YRS.	O QS.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					
Employer _____					
Address _____					
City, State, Zip Code _____					
Telephone Number (_____) _____					
Supervisor's Name and Title _____					
Your Job Title _____					
Reason for leaving position? _____					

Specific Duties:

(4) Previous job						Employer _____
From To				Total Time		
MO.	YR.	O Q.	YR.	YRS.	O QS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position? _____

Specific Duties:

(5) Previous job						Employer _____
From To				Total Time		
MO.	YR.	O Q.	YR.	YRS.	O QS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position? _____

Specific Duties:

(6) Previous job						Employer _____
From To				Total Time		
MO.	YR.	O Q.	YR.	YRS.	O QS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position? _____

Specific Duties:

9) A. Have you ever been discharged or forced to resign from any job?  YES  NO

If yes, which job and why? \_\_\_\_\_  
\_\_\_\_\_

B. Have you ever been disciplined in any job?  YES  NO

If yes, which job and why? \_\_\_\_\_  
\_\_\_\_\_

10) Have you ever been employed by P q t j ' U r t l p i u ' k o r t q x g o g p v ' F k u t l e v ?  YES  NO

If yes, please supply dates and department \_\_\_\_\_  
\_\_\_\_\_

11) Are you related to any F k u t l e v employee? YES  NO

If yes, please give name, relation, and employing department \_\_\_\_\_  
\_\_\_\_\_

13) A. Have you ever been convicted of any criminal offense, pleaded guilty or *nolo contendere*, or been found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended?  YES  NO

If yes, please give the following information:

<u>DATE</u>	<u>CHARGE</u>	<u>PLACE</u>	<u>CURRENT STATUS</u>
-------------	---------------	--------------	-----------------------

\_\_\_\_\_

B. Are criminal charges currently pending against you?  YES  NO

If yes, please supply details \_\_\_\_\_  
\_\_\_\_\_

NOTE: A "Yes" response to either question does not automatically disqualify you for employment.

#### CERTIFICATION AND AUTHORIZATION

I hereby certify the information contained in this application to be true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection or dismissal. I authorize the use of any information in this application to verify my statements and I authorize the past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further understand that there is a probationary period and I can be terminated at any time during this period.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## North Springs Improvement District

### AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the P qty 'Ur tlp i u'K r tqxgo gpv'F kwtlev, I hereby authorize inquiries regarding my past employment record including, but not limited to, attendance, job performance, disciplinary records and reason for termination.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. You may contact me as indicated below, should there be any question as to the validity of this release.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_



P qvj 'U r t l p i u 'K r t q x g o g p v F k u t l e v  
 \*\*\*\*\*APPLICANT DRIVING HISTORY

**INSTRUCTIONS:**

The following questionnaire is to be completed **ONLY** by those applicants for a position, which would require the use of a **PUR** vehicle. Please print all information **EXACTLY** as shown on driver's license.

(1) Name: First	Middle	Last
-----------------	--------	------

(2) Address: \_\_\_\_\_

(3) Do you have a valid Florida Driver's License?  YES  NO  
 Date of Issue \_\_\_\_\_  
 NON-COMMERCIAL CDL  
 E-Operator  A  B  C  D  
 Please List Any Endorsements: \_\_\_\_\_

(4) If you have not held a Florida Driver's License for the last (3) three years, please give previous Driver's License number and the State or Country in which it was issued.  
 \_\_\_\_\_

(5) Has your license ever been suspended?  YES  NO  
 If YES, please give dates and explanation: \_\_\_\_\_

(6) Has your license ever been revoked?  YES  NO  
 If YES, please give dates and explanation: \_\_\_\_\_

(7) List all Traffic Citations (tickets) within the last (7) seven years. If none, write "NONE." If additional space is needed attach a supplemental sheet.

Date	Description of offense	State/Country in which it occurred	Disposition of case

(8) Have you ever completed a defensive driving course?  YES  NO If YES, when? \_\_\_\_\_

**CERTIFICATION OF APPLICANT** – Please read carefully before signing.

I hereby certify that all answers to the above questions and statements on the Driver's License form are true and I agree and understand that any misstatements of material facts contained in the form may cause forfeiture upon my part of all rights to any employment sought hereunder.

\_\_\_\_\_  
 SIGNATURE DATE



## VETERANS' PREFERENCE FORM

**NOTICE: Complete both pages of this form ONLY if you are claiming Veterans' preference.** Applicants who wish to claim Veterans' preference may do so on a voluntary basis. Providing or refusing to provide this information will not subject the applicant to any adverse treatment. The information requested is intended for use solely in connection with our affirmative action obligations. Any medical/disability documentation will be kept confidential and will only be used in accordance with the ADA.

**INSTRUCTIONS:** Check the appropriate box below indicating your qualification category and provide the additional information requested. **Documentation substantiating your claim must be furnished at the time of application.** The type of documentation required is listed next to each category. Provide **copies only**, not original documents, as they will not be returned. Veterans' preference will be awarded to all qualified applicants for selection procedures, providing all required documentation is submitted. Preference will not be awarded retroactively.

Name: Last First Middle

Position(s) you are applying for:

### CATEGORY/ REQUIRED DOCUMENTATION

- (1) A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
- Percentage of disability \_\_\_\_\_
  - Copy of DD-214 (**Member 4 Copy recommended**) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service; **AND**
  - Copy of document from the Department of Defense, or Department of Veterans Affairs certifying that the veteran has a compensable 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.
- Spouses of Disabled Veterans: copy of spouses DD-214 or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service; copy of certification from the Department of Veterans' Affairs that the veteran is totally and permanently disabled and cannot qualify for employment because of a service-connected disability; or an ID card issued by the Department of Veterans' Affairs; copy of marriage certificate along with a continuous marriage affidavit.
  - Spouses of Persons on Active Duty: copy of certification from the Department of Defense or the Department of Veterans' Affairs that the person on active duty is either missing in action, captured, forcibly detained or interned in the line of duty by a foreign government or power; and copy of marriage certificate along with a continuous marriage affidavit.
- (3) A veteran of any war. A veteran who has served at least one day during a wartime period (as listed below)
- |                    |  |
|--------------------|--|
| (WWII)             | December 7, 1941 to December 31, 1946  |
| (Korean Conflict)  | June 27, 1950 to January 31, 1955      |
| (Vietnam Era)      | February 28, 1961 to May 7, 1975       |
| (Persian Gulf War) | August 2, 1990 through January 2, 1992 |
- OR** a Veteran who has served 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 Expeditionary Medal.
- OR** a veteran who served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom. The service dates are defined as follows:
- |                            |  |
|----------------------------|--|
| Operation Enduring Freedom | October 7, 2001 to date to be determined |
| Operation Iraqi Freedom    | March 19, 2003 to date to be determined  |
- Copy of DD-214 (Member 4 Copy recommended) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service.
- (4) The un-remarried widow or widower of a veteran who died of a service-connected disability.
- Copy of document from the Department of Defense or the Department of Veterans' Affairs certifying the service connected death of the veteran; and a copy of marriage certificate along with a continuous marriage affidavit.

**INFORMATION ABOUT SERVICE**

Branch of Service:	Type of Discharge/Character of Service:
Date of Entry:	Date of Discharge:

Dates of Active Duty:

Do you have a service connected disability?  Yes  No  
 If yes, is the service connected disability compensable?  Yes  No What is the percentage of disability? \_\_\_\_\_ %

Type of documentation you will be submitting:

**NOTE: PLEASE SEE PREVIOUS PAGE FOR LIST OF REQUIRED DOCUMENTATION FOR EACH CATEGORY**

Are you currently a resident of the State of Florida?  Yes  No  
 If requested can you provide proof of Florida residency?  Yes  No  
 Proof of residency is usually voter registration, drivers license, state issued id card, application for homestead exemption or an application filed with the Circuit Court indicating intent to be a Florida resident.

**IMPORTANT NOTICE:**

In accordance with the rules of the Florida Department of Veterans Affairs, Chapter 55A-7, Veterans' Preference in Appointment and Retention in Employment and Florida law, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4 and 5 (as shown on page one of this form). 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 nonpreferred applicant who is the most qualified for the position.

An applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with the rules may file a complaint with Florida Department of Veterans' Affairs (FDVA), 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630, requesting an investigation. A complaint must be filed within twenty-one days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

For additional information on Veterans' Preference, the following link is provided as a public service. <http://www.floridavets.org>

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 personal secretary of each such officer, members of boards and commissions, persons employed on a temporary basis without benefits, heads of departments, positions which require licensure such as a physician, and positions which require that the employee be a member of The Florida Bar.

**NOTICE TO APPLICANT**

The City of Sunrise accepts applications on a continuous basis, and all positions remain open until filled, unless otherwise noted. Due to the large volume of applications received, the personnel department is unable to contact applicants who do not meet the minimum requirements for a position, submit incomplete applications or are not selected by the hiring department for an interview. 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.

**SIGNATURE (required):**

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.

**Signature**

**Date**

**FOR PERSONNEL DEPARTMENT USE ONLY**

Documentation provided:  DD 214  Other:

Is the applicant veterans' preference qualified?  Yes  No Date:

Reason for disqualification: