



# CITY OF ORLANDO

**HUMAN RESOURCES DIVISION**  
400 South Orange Avenue, Orlando, FL 32802-4990  
Employment (407)246-2235 Fax (407)246-2019

**JOB INFORMATION LINE: (407)246-2178**  
website: [www.cityoforlando.net/sigma](http://www.cityoforlando.net/sigma)

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt # City State Zip

(\_\_\_\_\_) (\_\_\_\_\_) Valid FL Driver License/CDL No. \_\_\_\_\_  
Home Phone Business Phone  Operator  CDL

Email: \_\_\_\_\_

Have you ever been employed anywhere under any other name(s)?  Yes  No If Yes, List Name(s) \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Req #: \_\_\_\_\_

Minimum Acceptable Salary: \_\_\_\_\_

How did you hear about this position?  Internet  Job Line  Walk-In  Newspaper  Job Posting  Other

If Internet, website used?  CityofOrlando.net  CareerBuilder.com  Monster.com  JobsinOrlando.com  OrlandoSentinel.com  Other

### ===== EDUCATION =====

Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional registration. Give dates of attendance, credit hours completed, type of degree, and major/minor. Be sure to answer "GRADUATED?" List all technical and/or trade courses or programs you have completed.

**Check Highest Education Level Attained:**  Less than HS  HS Graduate or equivalent  Technical school  Some College  
 2-Yr College/Assoc degree  4-Yr College Bachelor degree  Master degree  Doctorate

Type of School	Name of School and City, State	Dates Attended		Credit hours or highest grade	Graduated?		Type of Diploma or Degree (AA, BS, MA, etc)	Major/Minor
		From mm/yy	To mm/yy		Yes	No		
High School or GED								
College or University								
Graduate School								
Business or Trade School								

List Technical Skills or other training acquired: \_\_\_\_\_

List Certificates, Competency Cards, or Trade Licenses you possess: \_\_\_\_\_

===== PERSONAL DATA =====

1. Have you ever been employed by the City of Orlando prior to this application?  Yes  No

If Yes, under what name, department(s) and date(s) \_\_\_\_\_

2. Does the City of Orlando employ any relative (by blood or marriage) or cohabitant of yours?  Yes  No

If Yes, give name, relationship and department where they work \_\_\_\_\_

3. Have you ever been convicted of a felony?  Yes  No

If yes, give offense, date, county and state for each conviction. \_\_\_\_\_

Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining the effect on suitability for employment

===== REFERENCES =====

List two persons not related to you who have knowledge of your character:

1. \_\_\_\_\_  
Name Address (street, city, state & zip) phone no.

2. \_\_\_\_\_  
Name Address (street, city, state & zip) phone no.

===== PREVIOUS EMPLOYMENT =====

Please give complete name and address of all employers including military employment. Dates of employment, salary history, name and phone number of immediate supervisor must be included. Describe major duties performed and types of machines or equipment operated. A resume may be attached as a supplement; however, you must complete all information requested on the application.

Begin with your current or most recent employer and list all previous employers in chronological order. Also, account for all periods of unemployment. Omission of employment information will result in disqualification or dismissal.

Do you have any objections to our contacting your present employer?  Yes  No

If yes, why \_\_\_\_\_

1. Employer: \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_  
Street City State Zip Phone

Position Held \_\_\_\_\_ Type of Business \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Name Phone

Description of Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary or Earnings: Starting \_\_\_\_\_ per \_\_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_\_

2. Employer: \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_  
Street City State Zip Phone

Position Held \_\_\_\_\_ Type of Business \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Name Phone

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary or Earnings: Starting \_\_\_\_\_ per \_\_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_\_

3. Employer: \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_  
Street City State Zip Phone

Position Held \_\_\_\_\_ Type of Business \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Name Phone

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary or Earnings: Starting \_\_\_\_\_ per \_\_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_\_

4. Employer: \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_  
Street City State Zip Phone

Position Held \_\_\_\_\_ Type of Business \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Name Phone

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary or Earnings: Starting \_\_\_\_\_ per \_\_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_\_

5. Employer: \_\_\_\_\_ **Dates of Employment From** \_\_\_\_\_ **To** \_\_\_\_\_  
 Month/Year Month/Year

**Address** \_\_\_\_\_  
 Street City State Zip Phone

**Position Held** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_  
 Name Phone

**Description of Duties:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Salary or Earnings: Starting \_\_\_\_\_ per \_\_\_\_\_  
 Ending \_\_\_\_\_ per \_\_\_\_\_

6. Employer: \_\_\_\_\_ **Dates of Employment From** \_\_\_\_\_ **To** \_\_\_\_\_  
 Month/Year Month/Year

**Address** \_\_\_\_\_  
 Street City State Zip Phone

**Position Held** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_  
 Name Phone

**Description of Duties:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Salary or Earnings: Starting \_\_\_\_\_ per \_\_\_\_\_  
 Ending \_\_\_\_\_ per \_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT**

You are required to sign and date your application. Falsification or omission of information will result in rejection of the application or dismissal if you are employed by the City of Orlando. In addition, an individual may be subject to prosecution under Orlando City Code Section 43.16, False Information. Your signature also authorizes the City of Orlando to request criminal checks from local, state, and federal agencies; and employment and educational information/verification from your existing and previous employers and educational institutions. All job offers with the City of Orlando are contingent upon satisfactory completion of a background check and a physical examination by an agency determined by the City. The physical examination includes screening for the presence of illegal narcotic substances.

For applicants who have lived outside the State of Florida within the last 5 years, the City of Orlando will use a Consumer Reporting Agency to obtain background information. As such, you may be entitled to certain rights if you are not selected based on information contained in that report. For more information, including information about your rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

City of Orlando participates in E-Verify. For more information, including your rights, go to [www.uscis.gov](http://www.uscis.gov) and select E-Verify.

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

THE CITY OF ORLANDO IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION OR DISABILITY.

**FOR PERSONNEL USE ONLY: DO NOT WRITE BELOW THIS BOX**

**TYPING**

DATE	POSITION	GROSS WPM	ERRORS	CORRECT WPM

**OTHER**

POSITION	DATE	READ/WRITE	JOB RELATED TEST	ELIGIBLE TO RETEST - DATE