



## City of Haines City

620 East Main Street  
Haines City, FL 33845-1507  
Telephone: 863-421-9926 [jobs@hainescity.com](mailto:jobs@hainescity.com)

**The City of Haines City is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, creed, national origin, veteran status or any other legally protected status. The City of Haines City is a Drug-Free Workplace. Applicants who successfully complete the initial screening process will be required to complete a pre-employment drug screen and physical. Police Department applicants will also be required to take a Polygraph Examination. All information provided by an applicant will be verified for truthfulness and accuracy if a conditional offer of employment is made. Applications and other submitted documents are consider public record.**

### INSTRUCTIONS

Please print legibly or type all information. The application must be filled out accurately and completely. Do not leave any items blank or write "see resume." If an item does not apply, indicate by denoting N/A for "not applicable." If you need additional space to answer a question fully, you may do so on a separate sheet(s) of paper. Resumes **may not** substitute for a completed application, unless otherwise specified on the position announcement. You must attach copies of documents or certificates which support your application for your application to be considered complete. All materials submitted become the property of the City and will not be returned. A separate application must be completed for each position in which you have an interest. Please note that this is not a template. Therefore, you will need to either print and complete by hand, or save to a computer and complete through a software program that allows the use of a "text box."

Position Title: \_\_\_\_\_ Today's Date: \_\_\_\_\_

(MUST BE A CURRENTLY OPEN POSITION)

Check Desired Work Schedule:  FULL TIME  PART TIME  TEMPORARY  SEASONAL

Preferred Salary: \_\_\_\_\_ Date Available to Begin Employment: \_\_\_\_\_

### APPLICATION

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at above address? \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

May we contact you via email?  Yes  No If yes, email address : \_\_\_\_\_

What is the best time to contact you? \_\_\_\_\_

Are you over 18 years of age?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

(Successful candidates are required to provide proof of identity and/or authorization to work in the U.S. during the on-boarding process.)

Do you have a valid driver's license?  Yes  No State Issued: \_\_\_\_\_ Class: \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No If yes, please provide dates and explain: \_\_\_\_\_

Since your 18<sup>th</sup> birthday, have you ever been convicted of any crime (excluding minor traffic violations)?  Yes  No

If yes, briefly describe the circumstances of your conviction, indicating date, nature and disposition of case?

**NOTE: A conviction will not necessarily disqualify you from employment. The nature, job relatedness, severity and date of the offense are considered.**

Have you ever been employed by the City of Haines City?  Yes  No

If so, when? \_\_\_\_\_ Department? \_\_\_\_\_

Are you related to anyone employed with the City of Haines City?  Yes  No

If yes, state name, relationship and department: \_\_\_\_\_

Have you ever been fired or forced to resign?  Yes  No

If yes, please explain: \_\_\_\_\_

**EDUCATION**

School	Name and Full Address of School	Course of Study	Did you graduate?	Diploma/Degree Earned
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED Issuing Agency			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Jr. College, Technical, Vocational			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## WORK EXPERIENCE

Please complete employment history in detail. A resume may be attached but **will not** substitute for the information provided in this Employment Application. Please account for the last 10 years of employment. List names of employers in consecutive order beginning with your present employer. Account for all periods of unemployment.

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

Current Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_, City: \_\_\_\_\_, ST/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Additional Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_, City: \_\_\_\_\_, ST/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Additional Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_, City: \_\_\_\_\_, ST/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_



**CERTIFICATION**

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give may be investigated as allowed by law through various sources including but not limited to a Criminal History records search, Driver's License history, credit check, former and current employers, and personal references (Police Department applicants). I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City of Haines City. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for City employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

If employed, I agree to conform to the rules and regulations of the City of Haines City. I understand that if hired my employment is at-will, either party may terminate the employment relationship with or without cause or notice. I understand that no representative of the City of Haines City, other than the City Manager has the authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing.

Signature: \_\_\_\_\_

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

**VETERANS PREFERENCE INFORMATION**

Completion of the Veterans Preference section is made on a **VOLUNTARY** basis and kept confidential in accordance with the Americans with Disabilities Act. Complete **ONLY** if claiming veteran's preference.

Are you presently or have you ever been a member of the U.S. military?  Yes  No

If yes, Branch of

Service: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Rank: \_\_\_\_\_ Specialty: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ % of Disability Rating if any: \_\_\_\_\_

Check appropriate item to claim Veteran's Preference. A DD214 or comparable document which serves as a certificate of release or discharge claim must be furnished at the time of application.

1. Are you a veteran entitled to disability compensation under the laws administered by the U.S. Veterans Administration for a disability of 30% or more; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans Administration and the Department of Defense?

2. Are you 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?

3. Are you a veteran of any war who has served on active duty for at least one (1) day during a wartime period, excluding active duty training, and who was discharged under honorable conditions from the Armed Forces of the United States of America?

4. Are you the un-remarried widow or widower of a veteran who died of a service-connected disability?

Have you claimed and been employed through veterans preference since 10/1/1987?  Yes  No

If yes, give name of employer: \_\_\_\_\_

Have you ever been employed by any governmental entity within the State of Florida?  Yes  No

Are you a resident of the State of Florida?  Yes  No (Veterans Preference is only available to Florida residents.) Are you claiming Veteran's Preference points?  Yes  No

**NOTE:** Under Florida Law, preference in appointment and employment shall be given, by state and its political subdivisions, first to those persons included in items 1 & 2 above; and second to those persons included under items 3 & 4 above. If any applicant claiming veterans preference for a vacant position is not selected for the position they may file a complaint with the Department of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of hiring decision is not given, a complaint may be filed at any time.

**EEO SURVEY**

**PLEASE NOTE: COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY.**

Applicants are assessed for those qualifications directly related to the job applied for without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability. However, this information is required by the Federal Government and is gathered for statistical purposes only. This form will be detached from your application and will be kept separate and confidential. This form is not used in the employment selection process.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Race:

(Check Only One)

White  Black or African-American (Non-Hispanic or Latino)  Asian (Non-Hispanic or Latino)

Hispanic or Latino  American Indian/Alaskan Native (Non-Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)  Two or More Race (Non-Hispanic or Latino)

**HOW DID YOU HEAR ABOUT US?**

Walk-in/City Bulletin Board

City Employee (name): \_\_\_\_\_

City of Haines City Website

Professional Publication (list) \_\_\_\_\_

News Media: \_\_\_\_\_

Other: \_\_\_\_\_

**POLYGRAPH EXAMINATION**  
***(Police Department Applicants Only)***

Prior to final approval for hiring, as a police department applicant you will be required to undergo a polygraph examination regarding your background and other aspects of your character. The following is a list of subject areas from which polygraph questions will be drawn:

- FINANCIAL STATUS
- WORK RECORD
- HONESTY
- USE OF ALCOHOL
- DRIVING RECORD
- ARRESTS AND CONVICTIONS
- DRUGS, NARCOTICS, AND MARIJUANA
- GAMBLING
- BLACKMAIL
- FRIENDS, RELATIVES AND ASSOCIATES
- LOYALTY TO THE UNITED STATES

## APPLICATION CHECKLIST

Thank you for your interest in career opportunities with the City of Haines City. Before submitting your application to Human Resources, please be sure to read the instructions below. It is the candidates responsibility to ensure Human Resources has recieved the employment application in the event the applicant does not receive an email confirmation.

Upon an offer for employment, please be prepared to produce the following documentation.

- Copy of licenses and certifications
- Copy of DD214 (if claiming Veterans' Preference)
- Copy of Valid Florida Driver's license

We appreciate your adherence to these guidelines and look forward to processing your application. If you have any questions, please call 863-421-9926 or email your application to us at [jobs@hainescity.com](mailto:jobs@hainescity.com)

Submit Application

### **DURATION OF SELECTION PROCESS** *(Police Department Applicants Only)*

It is impossible to state all relevant and material factors for a complete background investigation. In each case, the City of Haines City Police Department will consider whether the applicant's background makes him/her the best qualified candidate for employment. It is estimated that processing the application will normally take up to (5) five weeks, depending on how soon background information is received. Waiting on responses regarding personal references can sometimes delay the process for up to (12) weeks. Please notify personal references, acquaintances, as well as past and present employers, that they will be contacted by our background investigator. This will expedite the application process.

### **REAPPLICATION POLICY** *(Police Department Applicants Only)*

Applicants applying for a City of Haines City Police Department position who are not selected must wait six (6) months before reapplication to the same position.

There is no waiting period for applicants applying for a City of Haines City Police Department position who are not selected, and who desire to apply for a different position within the City of Haines City.



**Professional REFERENCES & ACQUAINTANCES**  
**(Required for ALL Police Department Applicants Only)**

Personal References: Give three (3) references (not relatives, former or present employers, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years.

<p>Complete Name: _____  <div style="text-align: center;">(Last Name, First, Middle)</div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Years Acquainted</span> <span>Occupation</span> </div> </p>	<p>Home Address: _____</p> <p>City, State &amp; Zip Code: _____</p> <p>Home Phone: _____</p> <p>Business Address: _____</p> <p>City &amp; State: _____</p> <p>Business Phone: _____</p>
<p>Complete Name: _____  <div style="text-align: center;">(Last Name, First, Middle)</div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Years Acquainted</span> <span>Occupation</span> </div> </p>	<p>Home Address: _____</p> <p>City, State &amp; Zip Code: _____</p> <p>Home Phone: _____</p> <p>Business Address: _____</p> <p>City &amp; State: _____</p> <p>Business Phone: _____</p>
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