



City of Cooper City  
 P.O. Box 290910  
 Cooper City, FL 33329-0910  
 (954) 434-4300  
 www.coopercityfl.org

## APPLICATION FOR EMPLOYMENT

**Instructions:** Please print neatly or type all information. If an item does not apply, write N/A (not applicable). If you chose to submit a resume, you must still complete all parts of this application. You may submit copies of degrees, certificates, licenses, etc. to support your application. Copies will not be provided for you. This application must be signed on pages 5 and 6 or it will be voided. Nothing can be added to your application after the announcement period has closed. All statements made on this application are subject to verification.

Position Applying For			Job Announcement Number	
Last Name		First Name		Middle Name
Street Number	Street	City	State	Zip Code
Home Telephone #	Alternate Telephone #	Last 4 Social Security	E-Mail Address	

1) If you are under 18 years of age, can you provide proof of your eligibility to work?  N/A  Yes  No

2) Have you ever been employed by the City of Cooper City before?  Yes  No

If yes, when? \_\_\_\_\_

3) Do you have any relatives currently employed by the City of Cooper City?  Yes  No

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

4) Are you available to work:  Full-Time  Part-Time  Shift Work  Weekends/Eves

5) If your application is considered favorably, on what date will you be available to start? \_\_\_\_\_

6) What is your desired salary? \_\_\_\_\_ 7) Do you have a valid driver's license?  Yes  No

8) License Type: \_\_\_\_\_ Operator \_\_\_\_\_ CDL \_\_\_\_\_ Class \_\_\_\_\_ Endorsement

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

## RECORD OF EDUCATION

High School Diploma  Yes  No If yes, date received \_\_\_\_\_

Equivalency/GED  Yes  No If yes, date received \_\_\_\_\_

Name and location of high school attended \_\_\_\_\_  
Name City State

Name and location of College, University, Vocational or Trade School	Dates Attended		Course of Study	Did you graduate?	List Degree or Certificate Received
	From	To			

## REFERENCES

List three personal references that are not relatives or former employers.

Name and Occupation	Address	Telephone No.	Years Known

9) Do you possess any experience, skills, or qualifications in which you feel should be taken into consideration for the position you are applying for (i.e. computer skills, knowledge of a foreign language, awards received or memberships in professional organizations?)

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10) Have you ever been convicted of any violation of the law, pleaded guilty or *nolo contendere*, or found guilty of criminal charges, even if adjudication was withheld?  Yes  No

If yes, give date, nature of offense, name of court and location, and status/disposition:

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11) Have you ever been discharged or forced to resign from any job?  Yes  No

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

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**NOTE:** Answering yes to the above questions does not automatically disqualify you for employment. The nature of the offense, how long ago it occurred, relationship to this job, etc. are given consideration.

## VETERAN PREFERENCE

Under Florida Statute 295.07, honorably discharged wartime veterans, service connected disabled veterans presently receiving disability benefits, or widowed, un-remarried spouses, may be eligible for Veteran's preference. Preference will be awarded only if you submit a copy of proper documentation (DD214) showing dates of entry and separation and, if disabled, proof of current receipt of disability benefits with your application.

Did you serve in the Armed Services?  Yes  No

Was your discharge honorable?  Yes  No

Are you claiming Veteran's Preference?  Yes  No

Branch of service \_\_\_\_\_

Are you the un-remarried spouse or widow of a Veteran with total and permanent service-connected disability?  Yes  No

To see if you qualify for Veteran's Preference or to submit a complaint, contact the Florida Department of Veterans Affairs at 1-800-827-1000 or online at [www.floridavets.org](http://www.floridavets.org).

## EMPLOYMENT HISTORY

Begin with your present or most recent employment. List all jobs held in the last ten years. If necessary, you may attach an extra sheet of 8 1/2' x 11' white paper. List any relevant volunteer work and all periods of unemployment. Be SPECIFIC- all or part of your rating may depend on the information you provide. You may attach a resume, copies of degrees or certificates to support your application, but all fields on the application must be complete. **May we contact your present employer regarding your record of employment?**  Yes  No

### 1) Present or Most Recent Job

From		To	
Mo.	Yr.	Mo.	Yr.

Employer: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name, Title, and Phone No.: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Hours per week \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_

Last Salary: \$ \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Number and Titles of employees supervised (if applicable): \_\_\_\_\_

### 2) Previous job

From		To	
Mo.	Yr.	Mo.	Yr.

Employer: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name, Title, and Phone No.: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Hours per week \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_

Last Salary: \$ \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Number and Titles of employees supervised (if applicable): \_\_\_\_\_

### 3) Previous job

From		To	
Mo.	Yr.	Mo.	Yr.

Employer: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name, Title, and Phone No.: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Hours per week \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_

Last Salary: \$ \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Number and Titles of employees supervised (if applicable): \_\_\_\_\_

<b>Specialized Skills</b> - Indicate your experience with computer programs and/or any types of machinery or office equipment you have operated and your level of proficiency. F=Fair G=Good E=Excellent			
Computer Programs	Level of proficiency	Machinery or Office Equipment Operated	Level of proficiency

**NOTICE TO APPLICANTS**

Employment is subject to verification of an applicant's background and conviction record. In compliance with Section 119.071 Florida Statutes, The City of Cooper City will maintain the confidentiality of Social Security Numbers and will only use them for the purpose of identity verification, background investigation, and employment eligibility.

The City of Cooper City is a Drug Free Workplace. All conditional employees are required to undergo a drug test and physical as part of the pre-employment process. If hired, all employees will be placed on a six (6) month probationary period. The City of Cooper City complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential in separate files.

Additionally, the City is required by federal law to verify having seen documents, which the applicant must provide as part of the employment processing that show the applicant's identity and right to work in the United States.

**APPLICANT'S STATEMENT**

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.  
 UNSIGNED APPLICATIONS WILL BE VOIDED.

I certify that all information provided on this employment application, any resume that I have submitted, and any answers given during oral interview(s) are true and correct. I understand that false or misleading information given, or information omitted in my application or interview(s) may result in discharge or termination. Subsequent to a conditional offer of employment, I give my voluntary consent to be medically examined and tested for recent use of drugs and/or controlled substances.

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

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 (if under 18 years of age)

## AUTHORIZATION OF BACKGROUND INVESTIGATION

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Cooper City is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification or to discharge at any time.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City of Cooper City, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

As an applicant for a position with the City of Cooper City, I hereby authorize inquiries regarding my current and past employment record including, but not limited to, dates of employment, attendance, job performance, disciplinary records, and reason for termination. I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested. You may contact me as indicated should there be any question to the validity of this release.

\_\_\_\_\_ I authorize the City of Cooper City to conduct a background investigation concerning me.

\_\_\_\_\_ I do not authorize the City of Cooper City to conduct a background investigation concerning me.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION SURVEY

The City of Cooper City is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, gender, national origin, religion, age, color, or disability status. The following information is being gathered by the City of Cooper City in order to analyze and monitor its recruitment process in compliance with Federal laws. If you choose not to answer any of the items, you will NOT be subject to adverse treatment, however, we assure you that this information will be detached and kept separately from your application. It will not be used when the hiring Department Head evaluates your application.

Please check items which apply:

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> White (Non-Hispanic)              |                                 |
| <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> Female |
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Male   |
| <input type="checkbox"/> Black (Non-Hispanic)              |                                 |
| <input type="checkbox"/> Hispanic                          |                                 |

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How did you learn of this job opening?

- |  |  |
|--|--|
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Employment Agency       |
| <input type="checkbox"/> City Bulletin Board     | <input type="checkbox"/> City Web Page           |
| <input type="checkbox"/> Job Interest Card       | <input type="checkbox"/> Friend or City Employee |
| <input type="checkbox"/> Other (specify) _____   |  |