



## **City of Margate, Florida**

### **GENERAL EMPLOYMENT APPLICATION**

**To apply for employment with the City of Margate, provide the following documents to the Human Resources Department, 5790 Margate Boulevard, Margate, FL 33063.**

- 1. A completed City Employment Application. (attached)**

**You must be able to provide the following upon request by the Human Resources Department.**

- 1. A legible copy of high school diploma or equivalency certificate**
- 2. A legible copy of your Social Security card.**
- 3. A legible copy of your Drivers License**
- 4. If applicable, a copy of your DD-214 military separation papers.**

**CITY OF MARGATE**  
**Department of Human Resources**  
**5790 Margate Boulevard**  
**Margate, Florida 33063**  
**(954) 972-6454**

**APPLICANT:** Use a pen to complete each section fully. If the information requested in a section does not apply to you, write "N/A". Use an extra sheet paper to provide additional information when appropriate.

TODAY'S DATE: \_\_\_\_\_ POSITION FOR WHICH YOU APPLYING: \_\_\_\_\_

PRINT YOUR NAME \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

HOME ADDRESS (CITY/STATE/ZIP CODE) \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THAT ADDRESS? \_\_\_\_\_ HOW LONG HAVE YOU LIVED IN THE BROWARD COUNTY AREA? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Education**

DO YOU POSSESS A HIGH SCHOOL DIPLOMA? \_\_\_\_\_ DO YOU POSSESS EQUIVALENT CERTIFICATION SUCH AS A GED OR OTHER CERTIFICATE? \_\_\_\_\_

**Vocational &  
Technical  
Education**

NAME OF SCHOOL/AGENCY LOCATION OF SCHOOL/AGENCY DATES ATTENDED COURSEWORK OR AREA OF STUDY CERTIFICATION EARNED \_\_\_\_\_

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

**College  
Education**

NAME OF COLLEGE OR UNIVERSITY DATES ATTENDED MAJOR/MINOR & SUPPLEMENTAL STUDIES DEGREE EARNED \_\_\_\_\_

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

**Military  
Experience**

NOTE: VETERAN'S PREFERENCE SHALL BE AWARDED IN ACCORDANCE WITH FLORIDA STATUTE 295.

BRANCH: \_\_\_\_\_ ENLISTMENT PERIOD: \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

PRIMARY RESPONSIBILITIES: \_\_\_\_\_

NOTE: YOUR APPLICATION SHALL BE REJECTED IF YOU WERE NOT DISCHARGED UNDER HONORABLE CONDITIONS.

**Skills**

LIST ALL JOBS SKILLS, ABILITIES, QUALIFICATIONS, AND VOLUNTEER EXPERIENCE

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

**Criminal  
History**

HAVE YOU EVER BEEN CONVICTED OF A CRIME EXCLUDING MISDEMEANORS AND/OR SUMMARY OFFENSES? \_\_\_\_\_

IF YES, PROVIDE THE DETAILS FOR ALL SUCH INSTANCES. \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT RECORD: Beginning with your present or most recent employment, describe ALL periods of employment including self-employment, unemployed periods and military service. Your adult employment MUST be complete. Use an additional sheet if necessary. The City of Margate appreciates the reasons why you might prefer that your current employer not know about this application. Be advised that the City generally does not contact any employer until the latter stages of our hiring process.

### Employment History

Name of Current or most recent employer _____	Phone: _____
Address (Street, City, State, Zip Code) _____	
Start Date and ending Date (approximate) _____	Title _____
Job Duties _____ _____	
List Reason you left the employer _____	

Name of Current or most recent employer _____	Phone: _____
Address (Street, City, State, Zip Code) _____	
Start Date and ending Date (approximate) _____	Title _____
Job Duties _____ _____	
List Reason you left the employer _____	

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Name of Current or most recent employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

Start Date and ending Date (approximate) \_\_\_\_\_ Title \_\_\_\_\_

Job Duties \_\_\_\_\_  
\_\_\_\_\_

List Reason you left the employer \_\_\_\_\_

Name of Current or most recent employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

Start Date and ending Date (approximate) \_\_\_\_\_ Title \_\_\_\_\_

Job Duties \_\_\_\_\_  
\_\_\_\_\_

List Reason you left the employer \_\_\_\_\_

Name of Current or most recent employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

Start Date and ending Date (approximate) \_\_\_\_\_ Title \_\_\_\_\_

Job Duties \_\_\_\_\_  
\_\_\_\_\_

List Reason you left the employer \_\_\_\_\_

Remember you must be able to provide the following upon request by the Human Resources Department.

1. A legible copy of high school diploma or equivalency certificate
2. A legible copy of your Social Security card.
3. A legible copy of your Drivers License
4. If applicable, a copy of your DD-214 military separation papers.

Remember to review your application to make sure that all sections are completed fully. All information you provide is subject to investigation. If you misrepresent any information you provide, that misrepresentation shall be grounds for immediate termination of employment.

CERTIFICATION: I certify that all statements and information that I have provided in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Dear Applicant:

Thank you for your interest in employment with the City of Margate.

The position that you are seeking requires the employee to drive a city-owned vehicle to perform the essential functions of the job. Please provide information as requested below.

Do you have a valid State of Florida Driver's License? \_\_\_\_\_

If yes, what is your driver's license number: \_\_\_\_\_

Do you have a valid driver's license from a location other than Florida? \_\_\_\_\_

Has your driver's license ever been suspended or revoked? \_\_\_\_\_

If applicable, list the **month, year and reason** for each suspension or revocation.

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

How many moving violation (tickets) have you received in the past five years? \_\_\_\_\_

List the month and year of each accident for which you received a ticket for causing.

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

\_\_\_\_\_  
Your Name (Please Print):

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

\_\_\_\_\_  
Date

**CITY OF MARGATE  
WAIVER OF CONFIDENTIAL RECORDS**

By my signature below, I authorize any federal, state, county, or municipal governmental agency, any municipal corporation or political subdivision of this state, or any other state agency, department, or division thereof, or any other public or private agency, person, firm, or corporation holding records concerning, that are considered confidential, to supply such information to the City of Margate.

By my signature below, I acknowledge that PRIOR to making a conditional offer of employment to me, the City of Margate may request information which may include, but not be limited to, a history of my educational records, a history of my vocational and/or training records, criminal history, any documentation of previous or current on-the-job performance records or history, any reason, excluding any reason based on a medical condition or disability, for termination of any previous employment, any reason, excluding for discharge from military service, or any other personal information that is not medical, health, or disability related in nature which may not otherwise be obtained without prior agreement.

By my signature below, I acknowledge that SUBSEQUENT to making a conditional offer of employment to me, the City of Margate may request not only the information stated above, but also any information of what-so-ever nature regarding both my past or current job related or non-job related medical/health condition(s) or disability(ies).

By my signature below, I acknowledge that any such information received by the City of Margate shall become public record pursuant to Chapter 119 of the Florida Statutes.

\_\_\_\_\_  
Name (Please Print):

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

\_\_\_\_\_  
Date

**CITY OF MARGATE  
HUMAN RESOURCES DEPARTMENT  
EMPLOYMENT APPLICANT SURVEY**

The sole purpose of this survey is to provide information for EEOC or Affirmative Action statistical compilation.

Complete this at your option. Failure to complete this section will **not** affect your consideration for employment with the City of Margate

**GENDER INFORMATION**

**FEMALE**

**MALE**

**RACE INFORMATION**

**WHITE**

**BLACK OR AFRICAN AMERICAN**

**HISPANIC OR LATINO**

**ASIAN**

**AMERICAN INDIAN OR ALASKA NATIVE**

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

**TWO OR MORE RACES**