

WINTER HAVEN

The Chain of Lakes City

Dear Prospective Applicant:

Congratulations on taking the first step towards being considered for employment with the City of Winter Haven. Having presented you with the attached job application, this is an opportune time to share with you some details about the following.

The City's hiring process:

- Applications are accepted through the advertised closing date.
- When the job closes, all applications received are processed and screened to determine eligibility for interview.
- If you are selected for interview, you will be contacted by telephone within 10 working days following the advertised closing date.
- After all interviews are conducted, department staff will make a recommendation for hire that is subject to the City Manager's approval. Once the recommendation is approved in writing, a thorough background screening is done and if satisfactory, the candidate is offered employment pending the results of a post offer of employment physical examination with a drug screen.

City paid wages:

- A fair wage is paid in exchange for working with the City.
- Pay rates typically begin at the minimum for advertised positions.
- Employees are paid bi-weekly, and direct deposit is available.
- If funding in the budget is approved, pay adjustments are granted per the annual Step for Performance Pay Plan, at the employee's annual performance evaluation each year.¹

Certain benefits mutually funded by the City and its full time employees:

- Optional health insurance program participation - Full time employees may elect to participate in the City's medical, dental, prescription and basic life insurance plan; the employee cost is only \$48.69 per pay period. Eligible dependent medical, prescription and dental insurance coverage is also available; employees can pay an additional \$128.58 per pay period to insure one dependent, or \$154.29 per pay period to insure two dependents or \$185.16 to insure an entire family. An optional insurance premium tax-deferred program is offered too.

- Mandatory pension program participation - All full-time City employees are required by ordinance to contribute to the fire or police pension plan or general employee 401(a) plan, whichever is applicable. The certified firefighter contribution is 10% of salary; the certified police officer contribution is 8.2% of salary and the general employee contribution is 3% of salary. Pre-tax contributions are payroll deducted bi-weekly and can only be disbursed upon retirement or other employment termination. Employees who terminate prior to being vested have the option of rolling their contributions over into another plan or receiving a refund of their contributions plus interest and minus taxes.

The City of Winter Haven is an employer of choice that embraces and supports innovation, creativity, and diversity. Eager to build a workforce dedicated to serving this community and its citizens, the City seeks to hire well qualified professionals possessing the core values of pride, honesty, integrity, respect and a willingness to make a long-term commitment to accomplishing established goals and objectives.

If you meet this criteria and are interested in further pursuing the potential for joining the City's team, complete the employment application in detail. Be thorough and honest, because all information contained in this document is subject to being verified by the City. If something is omitted or found to be untrue, this could immediately disqualify you for employment consideration.

Please submit your completed application to a Human Resources' staff member on or before the advertised closing date.

Sincerely,

Shawn Dykes
Human Resources Director

¹ Employees in certain union represented job classifications may experience a delay in receiving a pay adjustment because such adjustments are subject to collective bargaining.

Position(s) Applying For: _____

How did you learn of this employment opportunity? _____ Newspaper _____ Radio
 _____ City Website _____ City Employee
 _____ Other: _____

Applicant Name: _____
 (Last) (First) (Middle Name)

Social Security Number*: _____
**In accord with Resolution R-08-06, this information is collected and solely used by the City of Winter Haven for identity verification and service, security background checks.*

Address: _____
 (Number) (Street) (City) (State) (Zip)

Home Phone: () _____ Alternate Phone: () _____ Email: _____

	No	Yes	Give Details
Are you at least 18 years of age?			
Are you legally authorized to work in the U.S.?			<i>Note: Employment is subject to verification of minimum legal age and the provision of documentation to confirm U.S. work authorization.</i>
Have you ever served in the U.S. Armed Forces?			Branch: _____ Entry Date: _____ Discharge Date: _____ Discharge Type: _____ <i>Note: Explain a dishonorable discharge, so the underlying circumstances can be weighed individually and an improper disqualification may be avoided.</i>
Are you claiming veteran's employment preference?			If yes, file documentation with application.
Have you ever been employed by the City of Winter Haven?			When: _____ Where: _____
Have you ever been dismissed from a job for inefficiency, delinquency, misconduct or any other reason?			When: _____ Describe circumstances: _____ _____
Have you ever been formally or informally accused of unlawful harassment or discrimination?			When: _____ Describe circumstances: _____ _____
Are you now under charges for any offense against the law?			Describe charges: _____ _____
Have you <u>EVER</u> at any time had adjudication withheld, plead guilty, no contest or been convicted of <u>ANY</u> offense against the law?			Describe circumstances: _____ <i>Note: A conviction is not necessarily a disqualifying factor; truthfully give all facts so a decision can be made.</i>
Have you ever been a defendant in a civil action for an intentional tort?			Explain: _____ _____

	No	Yes	Give Details
Do you have a valid Florida driver license?			License Class: _____ License Number: _____ Expiration Date: _____
Have you had one or more chargeable motor vehicle crashes or code violations (i.e. speeding ticket, seat belt violation, etc.) within the past three years?			If yes, complete the chart below.

	Date of Incident	Nature of Violation/Charge	City/County/State	Action Taken
1.				
2.				
3.				
4.				

Level of Education	School Name/Location	Dates Attended	Course of Study	Years/ Credits Completed	Degree/Diploma Received		
					No	Yes	Date
G.E.D.							
High School							
Trade School							
College/ University							
List other education or special courses taken; include total hours and the training provider/sponsor name.							

Certification/License Type	Are you certified or licensed?		Issued in/by Which State	Date Issued (Mo./Yr.)	Expiration Date (Mo./Yr.)
	No	Yes			
Building Inspector					
Code Enforcement – Level I, II or III					
Emergency Medical Technician (EMT)					
Firefighter Minimum Standards					
Lifeguard					
Paramedic					
Police Officer Minimum Standards					
Wastewater Treatment Operator A, B or C					
Water Treatment Operator A, B or C					
Water Safety Instructor (WSI)					
Other:					

Employment History

(Begin with present employer and list all jobs held since you started working.)

<p>1. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>2. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>3. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>4. Co. Name: _____ Address: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>

<p>5. Co. Name: _____</p> <p>Address: _____</p> <p>Telephone Number: _____</p> <p>Supervisor Name: _____</p> <p>Reason for leaving: _____</p> <p>_____</p>	<p>Employed: From: _____ To: _____</p> <p>Pay Rate: Start: _____ End: _____</p> <p>Job Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p>
<p>6. Co. Name: _____</p> <p>Address: _____</p> <p>Telephone Number: _____</p> <p>Supervisor Name: _____</p> <p>Reason for leaving: _____</p> <p>_____</p>	<p>Employed: From: _____ To: _____</p> <p>Pay Rate: Start: _____ End: _____</p> <p>Job Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p>
<p><i>(Attach additional sheet if necessary.)</i></p>	
<p>Note: Employers listed above will be contacted, unless you indicate otherwise. Please specify which employer, if any, you prefer not be contacted and state the reason why.</p> <p>Do not contact: Employer Number(s) _____ Reason: _____</p>	

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law, personnel policy or regulations. I voluntarily give the City of Winter Haven Human Resources' Office, or its duly authorized representative, the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I further release from all liability and responsibility any and all persons, companies or corporations supplying such information.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE
(For Human Resources' Office Use Only)

**Equal Employment Opportunity
Applicant Statistical Information**

The information requested below is used for EEO purposes only and NOT to evaluate your application for employment with the City of Winter Haven. Completion of this form by you is strictly voluntary. You are not legally required to supply this information; however, your assistance in doing is appreciated. Thank you.

Date _____	Position Applied For _____
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Gender	<input type="checkbox"/>	Female
	<input type="checkbox"/>	Male

Age Group	<input type="checkbox"/>	16-22
	<input type="checkbox"/>	23-39
	<input type="checkbox"/>	40-70
	<input type="checkbox"/>	Over 70

Race Ethnic Origin	<input type="checkbox"/>	White, Non-Hispanic or Latino
	<input type="checkbox"/>	Black or Black and White, Non-Hispanic or Latino
	<input type="checkbox"/>	Hispanic or Latino
	<input type="checkbox"/>	Asian or Asian and White, Non-Hispanic or Latino
	<input type="checkbox"/>	American Indian/Alaskan Native, Non-Hispanic or Latino
	<input type="checkbox"/>	Native Hawaiian-Other Pacific Islander, Non-Hispanic or Latino
	<input type="checkbox"/>	Balance 2+ Races Non-Hispanic or Latino

Disabled	<input type="checkbox"/>	No	Description of Disability _____
	<input type="checkbox"/>	Yes	

Military Status	<input type="checkbox"/>	Non-Veteran	Actively Served During (Circle Applicable)	
	<input type="checkbox"/>	Veteran	WWII/Korea	Persian Gulf
	<input type="checkbox"/>	Disabled Veteran	Vietnam	Iraq/Afghanistan
			Operation Enduring Freedom	

How did you learn of the position you are applying for?			
<input type="checkbox"/>	Walk-in, general job search	<input type="checkbox"/>	Winter Haven News Chief
<input type="checkbox"/>	Search firm or employment agency	<input type="checkbox"/>	The Ledger
<input type="checkbox"/>	Civic/professional organization	<input type="checkbox"/>	Other Newspaper
<input type="checkbox"/>	Internet/City web page	<input type="checkbox"/>	Magazine/Publication
<input type="checkbox"/>	City of Winter Haven Employee	<input type="checkbox"/>	Word of Mouth
<input type="checkbox"/>	College: _____	<input type="checkbox"/>	Other: _____