



City of Opa-locka Employment Application

Human Resources Department 780 Fisherman Street, 4th Floor Opa-locka, FL 33054 305.953.2815

The City of Opa-locka is an equal opportunity/drug free employer and does not discriminate on the basis of age, citizenship, pending citizenship status, color, disability, marital status, national origin, race, religion, gender or sexual orientation. Please note that under Florida law, employment applications are open for public inspection. You must be a U.S. Citizen or alien resident lawfully authorized to work in the U.S. to be considered for employment with the City of Opa-locka. The City of Opa-locka shall provide reasonable accommodations, due to any disability, for all applicants and employees. Please let us know if you require any special accommodations before any test(s) and/or interview. Materials submitted become the property of the City of Opa-locka and will not be returned.

COMPLETE APPLICATION – DO NOT LEAVE ANY BLANKS – PLEASE PRINT

. Are you at least 18 years of age? 0 Yes 0 No

Application Date	Minimum Salary	Date Available	Position (1) Applied For
Position (2) Applied For			Position (3) Applied For

Last Name	First Name	Middle Name	Social Security No.
-----------	------------	-------------	---------------------

Please account for your current and most previous address

Current Address	City	State	Zip Code
-----------------	------	-------	----------

How long have you lived at this address? years months			
---	--	--	--

Previous Address	City	State	Zip Code
------------------	------	-------	----------

How long did you lived at this address? years months			
--	--	--	--

Home Phone #	Cell Phone #	Other Phone #	e-mail address
() - / - / -	() - / - / -	() - / - / -	

Are you a previous City of Opa-locka employee?

Previous: 0 Yes 0 No	Year of Separation	Reason for Separation	Position/Department
-------------------------	--------------------	-----------------------	---------------------

Are you related to any City of Opa-locka employee(s)? 0 Yes 0 No If you answered yes, please list:

Employee's Name	Title	Relationship	Position/Department
-----------------	-------	--------------	---------------------

DRIVER'S LICENSE INFORMATION

Driver's License Number (if relevant or related to the position applied for):	State Issued:	Date Issued:	Expiration Date:	Safe Driver? 0 Yes 0 No
/				
List Restrictions	List Endorsements	Class A: __ Class B: __ Class C: __ Class E (Regular): __ Motorcycle: __		

EDUCATION

School Name	School Address (City/State)	
High School 1:		Check last year completed U 9 U 10 U 11 U 12 U GED Diploma Received? U Yes U No
College/University 1:		Number of Years Completed? ____ Degree Awarded? U Yes U No Major: _____ Year Attended _____
College/University 2:		Number of Years Completed? ____ Degree Awarded? U Yes U No Major: _____ Year Attended _____
Business, Vocational, Technical or Military:		Number of Years Completed? ____ Certificate Received? U Yes U No Type of Certification: _____ Year Attended _____
Current Professional Associations, Licenses, or Certifications and Issuing Agency		Date Issued

References: List 4 personal references (non-relatives) who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors listed in employment history section.

Name and Occupation	Contact Information	Years Known

EMPLOYMENT HISTORY

List all jobs held in the last 10 years. Include military service, periods of unemployment, part-time, temporary, seasonal, voluntary jobs (that may demonstrate the skills that pertain to the position for which you have applied), and all gaps in employment. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position first and work back. Use additional sheets if necessary.

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

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary	From Date		To Date	
	Per	Mo.	Yr.	Mo.	Yr.
Total Time in Years/Months		Reason for leaving?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary	From Date		To Date	
	Per	Mo.	Yr.	Mo.	Yr.
Total Time in Years/Months		Reason for leaving?		Name of Co-Worker	
Description of Duties					

EMPLOYMENT HISTORY CONTINUED

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per	From Date Mo.	Yr.	To Date Mo.	Yr.
Total Time in Years/Months		Reason for leaving?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per	From Date Mo.	Yr.	To Date Mo.	Yr.
Total Time in Years/Months		Reason for leaving?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per	From Date Mo.	Yr.	To Date Mo.	Yr.
Total Time in Years/Months		Reason for leaving?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per	From Date Mo.	Yr.	To Date Mo.	Yr.
Total Time in Years/Months		Reason for leaving?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per	From Date Mo.	Yr.	To Date Mo.	Yr.
Total Time in Years/Months		Reason for leaving?		Name of Co-Worker	
Description of Duties					

CITY OF OPA-LOCKA
AUTHORIZATION AND RELEASE - BACKGROUND INVESTIGATION

I hereby **CONSENT** for any duly authorized representative of the City of Opa-locka, Police Department or Human Resources or Representative bearing this release or a copy thereof to obtain any information or records from persons, corporations, agencies, associations, institutions or organizations as may be relevant and necessary to determine my fitness and suitability for employment consideration with the City of Opa-locka for the below classification(s).

Such information and records may include, but are not limited to, those pertaining to abilities, affiliations, character, credit and finances, education, employment, family, insurance, judicial and law enforcement records, memberships, mental health, military, and motor vehicle operation and traffic history.

I hereby **AUTHORIZE** and direct you to release such information and records upon request to bearer. This authorization is executed with full knowledge and understanding that:

1. Records and information disclosed shall be for official evaluation of my employment application by the City of Opa-locka and are used as selection criteria **ONLY** where related to performance of the job(s) for which I have applied.
2. The City of Opa-locka will take measures to protect the aforementioned information and records against unauthorized disclosure.
3. Certain non-exempt portions of the background investigation process may be made available for inspection by third parties pursuant to the public records and other laws.
4. The City of Opa-locka can and may investigate the information and records mentioned above at any point in my employment with the City of Opa-locka, as a part of a disciplinary investigation; to confirm that I meet the minimum requirements of the position I am in; for purposes of conducting an updated background investigation when being considered for a change in my employment status/classification; or as deemed necessary by the City of Opa-locka for any legitimate purposes.

I hereby **RELEASE** the custodian of such records, including the City of Opa-locka and aforementioned persons, corporations, agencies, associations, institutions, organizations, and their employees, agents, and representatives, both individually and collectively, from any and all liability for damages by me, my heirs, family, or associates resulting from lawful compliance or any attempts at lawful compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

I certify that all of the information on this application and on any documents I have submitted is true, accurate and complete to the best of my knowledge. I understand that all information and documents are subject to investigation and that exaggeration, falsification, misrepresentation, or omission is sufficient cause for disqualification, immediate dismissal from the City Service and/or disqualification from applying for any position in the service of the City of Opa-locka. I also certify that I understand all information on the job announcement and that this application and accompanying documents are considered to be public records unless otherwise exempt under Chapter 119, Florida Statutes.

The City of Opa-locka is an equal opportunity/drug free employer and does not discriminate on the basis of age, citizenship, pending citizenship status, color, disability, marital status, national origin, race, religion, gender or sexual orientation. No persons shall be denied employment solely on the basis of their disability, and the City will make every reasonable effort to accommodate such disability in the work setting. The above factors are **NOT** used as selection criteria, except in the rare instance where such factors are bona fide occupational qualifications. The above information may be used, however, as identification factors in conducting the background investigation. Information and records, such as those listed in the "AUTHORIZATION AND RELEASE" form, will be obtained by letter, telephone, personal interview with primary and secondary sources, and other means as deemed necessary and appropriate.

I understand that if offered a position with the City of Opa-locka, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. Additional tests, as deemed necessary by the City, may be required as a condition of employment. These may include, but are not limited to, Polygraph test – for public safety personnel or personnel required to handle money; psychological profile – law enforcement personnel; driver license and credit checks. I understand that unsatisfactory results from; refusal to cooperate with; or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

The information and records obtained are used as selection criteria only where related to performance of the job for which I have applied and am being considered. I CERTIFY THAT ALL THE INFORMATION ON THIS DOCUMENT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE

SOCIAL SECURITY NUMBER

APPLICANT NAME - PLEASE PRINT

APPLICANT SIGNATURE

HUMAN RESOURCES DEPARTMENT WILL SEPARATE THIS PAGE BEFORE REFERRAL

NAME – PLEASE PRINT

Last	First	Middle
------	-------	--------

Date of Application	Position you are applying for:
----------------------------	---------------------------------------

THE FOLLOWING INFORMATION IS VOLUNTARY AND IS NEITHER PART OF YOUR APPLICATION NOR HAS ANY BEARING ON YOUR CONSIDERATION FOR EMPLOYMENT. IT IS BEING ASKED TO COMPLY WITH FEDERAL EQUAL EMPLOYMENT OPPORTUNITY REPORTING REQUIREMENTS.

Gender: Female Male

Ethnic Origin: Check only one (1)

- White** (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- African-American/Black** (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Other:**

Referral Source: Check Only One (1)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> City Web Site | <input type="checkbox"/> Human Resources Dept. | <input type="checkbox"/> Career Fair | <input type="checkbox"/> City Employee |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Friend | <input type="checkbox"/> GovJobs.com _____ (name) _____ | |
| <input type="checkbox"/> Miami Herald | <input type="checkbox"/> Sun Sentinel | <input type="checkbox"/> College Job Board | <input type="checkbox"/> Professional Journal |
| <input type="checkbox"/> Internet Website (name) _____ | <input type="checkbox"/> Walk-In _____ (name) _____ | | <input type="checkbox"/> _____ (name) _____ |
| | <input type="checkbox"/> Other - Specify _____ | | |

 (tear off page here)

This portion of the page is for your information only. It does not have to be submitted as part of your application.

**City of Opa-locka Social Security Number
Collection Disclosure Statement**

Please be advised that pursuant to Section 119.07(5)(a), Florida Statutes, the City of Opa-locka collects your Social Security Number for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting, and payroll eligibility verification, processing of employment benefits, applicant employee background checks, or such other purposes imperative for the performance of the City's duties and responsibilities as prescribed by law. Social Security numbers are also used as a unique identifier and may be used for search purposes. The City of Opa-locka will only utilize your Social Security number for the purposes stated herein.

Thank you for applying with the City of Opa-locka. The time and effort you devoted to this pursuit are appreciated. As positions become available for the position you applied for, you may be contacted for an interview. Please submit in writing any changes to your telephone number and address. Mail this written notice to the City of Opa-locka Human Resources Department at 780 Fisherman Street, 4th Floor Opa-locka, FL 33054. Thank you again for your interest in employment with the City of Opa-locka.