



**CITY OF LIGHTHOUSE POINT**  
**2200 N.E. 38<sup>th</sup> Street**  
**Lighthouse Point, Florida 33064**  
**Phone Number (954) 943-6500**  
**Fax Number (954) 784-3446**

## **EMPLOYMENT APPLICATION – GENERAL**

### **INSTRUCTIONS:**

This Application must be filled out accurately and completely. Please type or print (in ink) all information. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Applicants who submit incomplete applications will not be considered for employment.

All statements made on the Application are subject to verification. Any exaggerated, false, or misleading statements may be cause for disqualification from further consideration from employment and/or subsequent termination from employment. Eligibility for hire may be based on a rating of this Application; therefore, completeness and accuracy is of the utmost importance.

The City of Lighthouse Point provides reasonable accommodation to applicants with disabilities where appropriate. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Personnel/Human Resources Department at (954) 943-6500 or at 2200 N.E. 38th Street, Lighthouse Point, Florida 33064. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

The City of Lighthouse Point is an Equal Opportunity Employer.

### **FOR ADDITIONAL INFORMATION:**

If you have any questions or require additional information, please call (954) 943-6500 or contact the Personnel/Human Resources Department at: City of Lighthouse Point, 2200 N.E. 38th Street, Lighthouse Point, Florida 33064.

### **IMPORTANT NOTICES TO ALL APPLICANTS:**

Fraudulent conduct or false statements by any applicant or by another person on the applicant's behalf and with the applicant's knowledge, in any aspect of the employment evaluation process, will be cause for the exclusion of such applicant from consideration from employment.

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**Position You Are Applying For:** \_\_\_\_\_

**1. GENERAL PERSONAL INFORMATION**

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

Current Residential Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address (if available) \_\_\_\_\_

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

Residential Addresses for prior five (5) years (include City, State, and Zip Code):

\_\_\_\_\_

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**2. PRIOR EMPLOYMENT WITH CITY; AVAILABILITY FOR EMPLOYMENT**

Have you ever worked for the City of Lighthouse Point?       Yes       No

If yes, please provide date(s) of employment \_\_\_\_\_

Are you one of the following: a U.S. citizen; a Lawful Permanent Resident; a Refugee; an Asylee; a Temporary Resident.       Yes       No

If not, state the basis for your employment authorization \_\_\_\_\_

Will you work night shift?       Yes       No

Will you work weekends?       Yes       No

Will you travel, if required by the position?       Yes       No

On what date are you available to begin work \_\_\_\_\_

# CITY OF LIGHTHOUSE POINT GENERAL EMPLOYMENT APPLICATION

### 3. EMPLOYMENT HISTORY

This section must be completed in full as resumes will not be accepted as official applications.

Identify for the last ten (10) years your paid work experience beginning with your current or most recent job. List each promotion or transfer as a separate job, even if with an employer you have already listed. Include military service, part time employment, and self-employment. List all gaps in work history in the spaces provided. If necessary, attach additional sheets to this Application to ensure a complete listing of all employment.

Are you presently employed? No \_\_\_\_\_ Yes \_\_\_\_\_

Name of Current Employer \_\_\_\_\_

Current Job Title \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Starting Salary \_\_\_\_\_ Current Salary \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Specific Job Responsibilities \_\_\_\_\_

Number of Employees Supervised (if any): \_\_\_\_\_

May we contact your present employer: No \_\_\_\_\_ Yes \_\_\_\_\_

If no, please explain \_\_\_\_\_

\* \* \*

Name of Former Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Specific Job Responsibilities \_\_\_\_\_

Number of Employees Supervised (if any) \_\_\_\_\_

May we contact this former employer? No \_\_\_\_\_ Yes \_\_\_\_\_

If no, please explain \_\_\_\_\_

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

Name of Former Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone Number \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Specific Job Responsibilities \_\_\_\_\_

Number of Employees Supervised (if any) \_\_\_\_\_  
May we contact this former employer? No \_\_\_\_ Yes \_\_\_\_  
If no, please explain \_\_\_\_\_

Name of Former Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone Number \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Specific Job Responsibilities \_\_\_\_\_

Number of Employees Supervised (if any) \_\_\_\_\_  
May we contact this former employer? No \_\_\_\_ Yes \_\_\_\_  
If no, please explain \_\_\_\_\_

Name of Former Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone Number \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Specific Job Responsibilities \_\_\_\_\_

Number of Employees Supervised (if any) \_\_\_\_\_  
May we contact this former employer? No \_\_\_\_ Yes \_\_\_\_  
If no, please explain \_\_\_\_\_

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**4. EMPLOYMENT SUMMARY**

Have you ever been involuntarily terminated from employment or asked to resign from employment?    No \_\_\_\_\_    Yes \_\_\_\_\_

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

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Have you ever been subjected to disciplinary action (including written counseling, written reprimand, demotion, suspension, or termination), including during a probationary period?    No \_\_\_\_\_    Yes \_\_\_\_\_

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

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Have you ever terminated your employment while the subject of any investigation by an employer?    No \_\_\_\_\_    Yes \_\_\_\_\_

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

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**5. MILITARY HISTORY/EMPLOYMENT**

You must respond to all questions in this section even if all information was provided above in section 3.

Do you now or have you ever served in the United States Armed Forces?  
No \_\_\_\_\_    Yes \_\_\_\_\_

Type of Discharge \_\_\_\_\_



**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**6. EDUCATION AND SPECIAL TRAINING (continued)**

**Special Training Schools - Business, Trade, Vocational, Armed Forces**

Name and Location _____	
Course/Subject Taken _____	
Certificates Received _____	
Total Hours Completed _____	Hours Required for Certification _____

Name and Location _____	
Course/Subject Taken _____	
Certificates Received _____	
Total Hours Completed _____	Hours Required for Certification _____

Name and Location _____	
Course/Subject Taken _____	
Certificates Received _____	
Total Hours Completed _____	Hours Required for Certification _____

*If you have more education training information to provide, please attach a separate sheet in the same format*

**7. CHARACTER REFERENCES**

Do not include relatives, former employers, persons who live outside of the United States or its territories, or present supervisors. List only references who have definite knowledge of your qualifications and fitness for the position you seek. List three (3) persons.

Name _____	
Address _____ (include City, State, and Zip Code)	
How long have you known this person? _____	Relationship _____

Name _____	
Address _____ (include City, State, and Zip Code)	
How long have you known this person? _____	Relationship _____

Name _____	
Address _____ (include City, State, and Zip Code)	
How long have you known this person? _____	Relationship _____

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**8. DRIVER'S LICENSE INFORMATION**

You should answer this section only to the extent required by the qualifications for the position for which you are applying. If you have any questions or require additional information, please contact the Personnel/Human Resources Department at (954) 943-6500.

Do you possess a valid Florida driver's license? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what is your License number \_\_\_\_\_

Type of license you have \_\_\_\_\_

Date of issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever had a driver's license in any state other than Florida? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what State \_\_\_\_\_

License number \_\_\_\_\_ Type of license \_\_\_\_\_

Date of issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS.**

Date \_\_\_\_\_ Agency \_\_\_\_\_ Offense/Charge \_\_\_\_\_

Outcome \_\_\_\_\_ Points \_\_\_\_\_

Date \_\_\_\_\_ Agency \_\_\_\_\_ Offense/Charge \_\_\_\_\_

Outcome \_\_\_\_\_ Points \_\_\_\_\_

Date \_\_\_\_\_ Agency \_\_\_\_\_ Offense/Charge \_\_\_\_\_

Outcome \_\_\_\_\_ Points \_\_\_\_\_

*If you have more than three citations within the last seven years, please attach a separate sheet in the same format*

**9. CRIMINAL HISTORY**

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any felony or first degree misdemeanor? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please identify the state in which the arrest occurred; the date of the arrest; the arresting agency; the offense(s) with which you were charged; whether the offense was a misdemeanor or felony; and the outcome of the charge.

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



**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**10. FINANCIAL**

You should answer this section only to the extent required by the qualifications for the position for which you are applying. If you have any questions or require additional information, please contact the Personnel/Human Resources Department at (954) 943-6500.

Have you ever been brought into civil court for non-payment of a debt, had a credit or loan application declined, had property repossessed or auctioned, been evicted, or filed bankruptcy?    No \_\_\_\_\_    Yes \_\_\_\_\_

If yes, explain (provide company involved, dates and locations):

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List ALL debts you are presently paying, or which are outstanding. Include mortgages, car payments, credit cards, etc. List the creditor's name and phone number; amount owed; amount paid; period of payment (i.e., monthly, bi-weekly):

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# CITY OF LIGHTHOUSE POINT GENERAL EMPLOYMENT APPLICATION

**Please read this statement carefully before signing below:**

I hereby certify that each response on this Application and all other information I have provided in applying for employment with the City of Lighthouse Point are true and correct and contain no misrepresentations, omissions, or concealment of material fact. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification from further consideration for employment or discharge from employment at any time.

Copies of all required documents must be submitted prior to employment. All information and documentation is subject to investigation and verification

**Applicant's Signature** \_\_\_\_\_

**Applicant's Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

## **PARENTAL CONSENT**

By signing this form, I authorize my minor child to sign this employment application with the City of Lighthouse Point.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Did you remember to:**

- ☼ Include your Social Security Number?
- ☼ Answer all questions completely?
- ☼ Complete the Employment History portion of the application in detail?
- ☼ Explain all gaps in employment?
- ☼ Complete application supplement, if applicable?
- ☼ Submit copies of documents requested, if applicable?
- ☼ Sign and date the application?

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 1 of 4**

**DISCLOSURE TO APPLICANT OF MEDICAL EXAMINATION REQUIREMENT  
INCLUDING TEST FOR CURRENT USAGE OF DRUGS**

Prior to employment with the City of Lighthouse Point, some candidates with conditional job offers are required to submit to a medical examination to determine whether they are able to perform all essential job duties and to assure the safety, health, and welfare of City employees and the general public. The determination as to whether a medical examination is necessary is dependent on the classification of the job the applicant seeks. Additionally, the City of Lighthouse Point is a Drug-Free Workplace and, therefore, offers of employment are conditioned upon satisfactory results of drug testing. Conditional job offers will be revoked if the applicant refuses to submit to drug testing or if the results of the drug testing are unsatisfactory.

**CONSENT TO MEDICAL EXAMINATION AND DRUG TESTING**

In the event that I am conditionally offered employment by the City of Lighthouse Point, I voluntarily consent to a medical examination prior to my beginning employment, should the classification of the job for which I am being considered require such an examination. In the event that I am conditionally offered employment by the City of Lighthouse Point, I also consent to a drug test of my urine and/or blood and/or hair prior to my beginning employment. I hereby authorize and give full permission to have the City's contracted medical provider, its staff, and/or associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs. I authorize these results, whether positive or negative, to be given to a Medical Review Officer selected by the City and the City's Personnel Department. I release the City of Lighthouse Point, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination and/or drug test or the use of the results therefrom. I have read in full and understand the above Disclosure and Consent and conditions of employment contained therein.

**Applicant's Name** \_\_\_\_\_ **(print name)**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness' Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENTAL CONSENT**

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name \_\_\_\_\_ (print name)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 2 of 4**

**TOBACCO PRODUCTS AFFIDAVIT**

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

Do you now or have you ever within the past twelve (12) months smoked or used tobacco products?       Yes       No

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

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby affirm that I have not used any tobacco products at any time during the twelve (12) months immediately preceding my application for employment with the City of Lighthouse Point. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

**Applicant's Name** \_\_\_\_\_ **(print name)**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness' Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 3 of 4**

**EMPLOYMENT INQUIRY RELEASE**

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking employment with the City of Lighthouse Point, will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, credit reports, education records, former and current employers, and personal references. I hereby authorize the City of Lighthouse Point to obtain any information in your files pertaining to any past or present employment, credit, or educational records, including, but not limited to, academic achievement, the product of any and/or all background, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records. Additionally, I authorize the City of Lighthouse Point to conduct a credit, criminal, and driving record inquiry. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the City of Lighthouse Point. Consent is further granted for the City of Lighthouse Point to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Other Prior Names/Aliases \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT**

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name \_\_\_\_\_ (print name)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 4 of 4**

**NOTICE TO APPLICANT OR EMPLOYEE OF  
INTENT TO OBTAIN A CONSUMER REPORT**

Dear Applicant:

In connection with your application for employment or your employment, the City of Lighthouse Point would like to procure certain background information concerning you which is contained in a consumer report. A consumer report may contain information regarding your: credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background.

Before we may procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, we will not consider you further for employment if you so decline. Attached to this form you will find a release which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure.

**RELEASE TO PROCURE A CONSUMER REPORT**

I have read the "Notice to Applicant of Intent to Obtain a Consumer Report" letter attached to this form.

I understand that I have the right to decline authorization for the City of Lighthouse Point to procure a consumer report concerning me.

I understand that the consumer report may contain information concerning my: credit worthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background.

Understanding these rights,

I authorize the City of Lighthouse Point to procure a consumer report concerning me.

I do not authorize the City of Lighthouse Point to procure a consumer report concerning me.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT**

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name \_\_\_\_\_ (print name)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF LIGHTHOUSE POINT  
GENERAL EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 4 of 4 (continued)**

**NOTICE TO APPLICANT OR EMPLOYEE OF  
INTENT TO OBTAIN A CONSUMER REPORT**

**PLEASE PRINT ALL REQUESTED INFORMATION**

Full Name \_\_\_\_\_ Other Names Used \_\_\_\_\_

Current Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Previous Address \_\_\_\_\_

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

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

Social Security Number \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employ \_\_\_\_\_

**PARENTAL CONSENT**

By signing this form, I authorize my minor child to sign this employment application with the City of Lighthouse Point.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Date of Birth is being requested to obtain accurate retrieval of records.