

Position(s) Applied for:  
\_\_\_\_\_  
\_\_\_\_\_

CITY OF PARKLAND  
6600 University Drive  
Parkland, FL 33067  
Phone (954)753-5040

Office Use Only  
Approved \_\_\_\_\_  
Rejected \_\_\_\_\_  
Reason \_\_\_\_\_

**EMPLOYMENT APPLICATION**  
**Equal Opportunity Employer M/F/D/V**

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Last Name	First Name	Middle Initial	
<hr/>			
Street Address	City	State	Zip Code
<hr/>			
Home Phone	Work Phone	Cell Phone	Social Security No.

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1. Are you a United States citizen? ( ) Yes ( ) No If you answered No, are you authorized by Immigration and Naturalization to work in the United States? ( ) Yes ( ) No

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2. Veteran's Preference: According to Florida Statute, you may be eligible for 5 preference points if you are a wartime veteran with an honorable discharge or 10 points if you are a disabled veteran currently receiving disability benefits. Points will be awarded only if you submit a copy of proper documentation showing details of entry and separation and, if disabled, proof of current receipt of disability benefits with your application. Did you serve in the U.S. Armed Forces? ( ) Yes ( ) No  
Do you claim veteran's points? ( ) Yes\* see below ( ) No  
Are you retired from the military? ( ) Yes ( ) No  
Have you ever been employed by any state or any of its political subdivisions prior to the date of this application? ( ) Yes ( ) No

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3. Driver's License ( ) Operator ( ) CDL Class \_\_\_\_\_  
No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Has your license ever been suspended or revoked? ( ) Yes ( ) No  
\*\*\*List on the back of this form all traffic citations received within the last seven (7) years.  
Include dates, offense, issuing agency and disposition of the case.

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4. Education: Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 GED \_\_\_\_  
College: 1 2 3 4 5 6 Degree(s): \_\_\_\_\_  
Last School Attended: \_\_\_\_\_ City, State \_\_\_\_\_

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5. Are any members of your family employed by the City of Parkland? ( ) Yes ( ) No  
If yes, enter name of the family member: \_\_\_\_\_.

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6. Have you ever applied for a position or been employed by the City of Parkland? ( ) Yes ( ) No  
If yes, when? \_\_\_\_\_ what position? \_\_\_\_\_.

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7. Have you ever been fired or forced to resign? ( ) Yes ( ) No If yes, attach details

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8. Have you ever been convicted of a crime, or pled guilty, or nolo contendere to a crime other than minor traffic violations? ( ) Yes ( ) No If yes, attach details

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\*A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application.

**NOTE:** If you require assistance in completing this application or special testing accommodations due to a disability, please notify the Human Resources Department.

**9. Employment History - Start with your current/last employer. Complete all sections including salary and reason for leaving if applicable. If more space is needed, please use a separate sheet of paper and follow the format below. Explain any gaps in employment in space 10. Attach resume if desired.**

=====  
 Company Name \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Address: \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Description of duties: \_\_\_\_\_

=====  
 Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ May we contact? ( ) Yes ( ) No  
 =====

=====  
 Company Name \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Address: \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Description of duties: \_\_\_\_\_

=====  
 Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ May we contact? ( ) Yes ( ) No  
 =====

=====  
 Company Name \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Address: \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Description of duties: \_\_\_\_\_

=====  
 Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ May we contact? ( ) Yes ( ) No  
 =====

=====  
 Company Name \_\_\_\_\_ From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 Address: \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Description of duties: \_\_\_\_\_

=====  
 Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ May we contact? ( ) Yes ( ) No  
 =====

**10. Please explain any gaps in your employment history. If more space is needed, please use Page 3 of this application.**

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

11. I read the job announcement for this position and understand the essential functions.

Are you able to perform each of the essential job functions without any special accommodation?

( ) Yes ( ) No If you checked no, list the function(s) you would need assistance with or you are unable to perform. \_\_\_\_\_

EMPLOYMENT APPLICATION ADDENDA

Please use this space to answer more fully any of the questions on the application form.

List the number of the question corresponding to this information. Also, outline any information not included on the previous page. i.e., special courses, experience.

Multiple horizontal lines for writing answers.

Personal/Professional References: Do not include family members or past supervisors.

Table with 5 columns: Name, Address, City, State, Phone No., Years known. Rows 1, 2, 3.

I certify this application and any supplements attached were completed by me, and all statements are true and complete to the best of my knowledge. Authorization is hereby given to the City of Parkland to investigate all statements made on this application and any information submitted by me to verify its accuracy. I agree to submit to a physical examination which includes a drug screen after I have been offered employment and prior to my official starting date. I understand that any false statement of a material fact on this application or made during an interview may disqualify me from employment with the City.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**CITY OF PARKLAND**  
**Application Supplement – Minimum Requirements**

**This form must be completed and returned with your application.**  
**Please describe how your experience meets or exceeds the minimum requirements posted for this position.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**Municipal Experience** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If “yes”, indicate # of years, title and location:**

**# Years:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Describe briefly in what ways your experience meets the minimum requirements for the job posted.**

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

**Do you meet the minimum educational requirements? Please outline below specific degrees, licenses, certifications.**

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

**Are there any special qualifications that you feel you have that would qualify to meet the minimum requirements?**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CITY OF PARKLAND  
6600 UNIVERSITY DRIVE  
PARKLAND, FL 33067**

**(954)-753-5040      FAX (954)-341-5161**

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Day Phone #:** \_\_\_\_\_

Permission is granted to the City of Parkland's Human Resources Department to investigate and verify any information provided on documents completed for the purpose of employment.

I hereby release you, as the custodian of such records, the City of Parkland, their Officers and Employees, all municipal corporations and all law enforcement agencies and their personnel and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, collectively, from any and all liability for damage of whatever kind, 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.

This information includes but is not limited to: academic achievement, attendance, personal history, performance reports, background investigations, medical examination results, disciplinary records, and credit records.

In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions.

I hereby direct you to release this information upon request of the City of Parkland. This release is executed with full knowledge and understanding that the information is for the official use of the City of Parkland in connection with my application for employment.

A photocopy of this Release will be valid as an original thereof, even though said photocopy does not contain original writing of my signature.

Should there be any question as to the validity of this Release, you may contact me as indicated above.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

(Seal)

**THIS PAGE MUST BE NOTARIZED PRIOR TO SUBMITTING  
YOUR APPLICATION TO THE HUMAN RESOURCES DEPARTMENT.**

**CITY OF PARKLAND**  
**6600 UNIVERSITY DRIVE**  
**PARKLAND, FL 33067**  
**954 753-5040 FAX 954 341-5161**

The City of Parkland is an Equal Opportunity Employer. The information requested below is sought to assist the City in complying with Federal and State Florida Law.

Completing this form is voluntary. This form will be removed and kept separate from your employment application.

Failure to complete this section will not affect your consideration for employment with the City of Parkland.

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

DATE OF BIRTH: Month \_\_\_\_\_ Year \_\_\_\_\_ SEX: \_\_\_(Male)\_\_\_(Female)

Race or Ethnic Group: (Check One)

- 1. Black (not of Hispanic Origin)
- 2. Asian or Pacific Islander
- 3. Hispanic (regardless of race)
- 4. American Indian or Alaskan Native
- 5. White (not of Hispanic origin)

**DESCRIPTION OF RACE OR ETHNIC GROUP**

- 1. Black – includes persons of African descent as well as those persons identified as Jamaican, Trinidadian and West Indian.
- 2. Asian – includes Asian Americans and persons of Japanese, Chinese, Korean or Filipino descent.
- 3. Hispanic – includes Mexican-Americans, Mexicans, Chicano, Latinos, all persons of Puerto Rican, Cuban, Latin American or Spanish descent.
- 4. American Indian – includes persons who identify themselves, or are known as such by virtue of tribal association.
- 5. White – includes Whites, Anglo –Saxons, European and persons of Indo-European descent including Pakistani and East Indian.