

PERSONAL HISTORY FORM

\_\_\_\_\_  
Name of Applicant

FOR USE IN SCREENING EMPLOYMENT APPLICANTS FOR  
BRADENTON POLICE DEPARTMENT

**INSTRUCTIONS**

Application form must be completed by the applicant.

Read all questions completely. Answer all questions fully and accurately. All answers are subject to verification.

ANY FALSIFICATION ON THIS APPLICATION FORM WILL SUBJECT THE APPLICANT TO DISQUALIFICATION. APPLICATIONS WILL NOT BE ACCEPTED UNTIL ALL ITEMS ARE COMPLETED AND ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

If a question does not apply, mark “N/A” in the appropriate space. If the answer requires more space, use the back of the page. Complete mailing addresses for residences, employers and character references are mandatory. Include Zip Codes.

ALL ANSWERS MUST BE PRINTED IN INK AND BE COMPLETELY LEGIBLE.  
DO NOT TYPE ANSWERS.

REQUIRED DOCUMENTS:

All applicants must submit a copy of the following documents.

1. Birth Certificate.
2. High school diploma or state-issued G.E.D. certificate.
3. College diploma or transcript (if available).
4. Military record, DD-214 and discharge certificate (if applicable).
5. Certificate of completion or compliance from Police Standards.
6. Social Security card.
7. Driver’s license.
8. Documentation of any name change other than what appears on birth certificate (i.e., marriage certificate).

APPLICANT’S SIGNATURE REQUIRES NOTARIZATION.

Return this completed application, along with necessary documents, to CITY OF BRADENTON HR OFFICE located at 101 OLD MAIN STREET, BRADENTON, FL 34205

PERSONAL HISTORY DATA

1. Are you willing to submit to a polygraph examination to verify all information supplied in the application, and all other information supplied in this Personal History Form?  
Yes                      No                      If "No," state reason(s):

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

2. FULL NAME:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Last                      First                      Middle                      Maiden

3. DATE OF BIRTH:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                      Social Security Number: \_\_\_\_\_

The City of Bradenton collects your social security number for the following purposes: identification and verification; background checks; wage and benefit processing; tax reporting; federal reporting requirements; workers' compensation; employment applications; pre-employment physicals and drug/alcohol testing. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

4. PLACE OF BIRTH:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
City                      County                      State                      Country

5. LIST ALL NAMES USED (REAL and NICKNAMES):

\_\_\_\_\_

6. PRESENT ADDRESS:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Street Number                      Name of Apt. Complex                      Apt. or Lot No.  
\_\_\_\_\_  
City                      State                      Zip Code

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: Years: \_\_\_\_\_ Months: \_\_\_\_\_

HOME TELEPHONE NUMBER: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

BUSINESS TELEPHONE: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

7. IN CHRONOLOGICAL ORDER, state each and every place in which you have resided, beginning with your first year of high school. Include ALL military addresses if applicable. Use back of page or additional paper if necessary.

| Dates<br>From - To | Street Addresses and/or<br>Apt. Complex Name | City | County | State | Zip |
|--------------------|--|------|--------|-------|-----|
|                    |  |      |        |       |     |
|                    |  |      |        |       |     |
|                    |  |      |        |       |     |
|                    |  |      |        |       |     |
|                    |  |      |        |       |     |
|                    |  |      |        |       |     |
|                    |  |      |        |       |     |

NAMES AND ADDRESSES of three neighbors at current address (each side, rear or adjacent to your residence). DO NOT INCLUDE AS PERSONAL REFERENCES.

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**ARRESTS, SUMMONS, ETC.**

(Answer **all** questions)

8. Have you ever been arrested or taken into custody under any circumstances? (Include all investigations as a juvenile Aid Bureau Investigation.) Yes      No

If "Yes," how many times? \_\_\_\_\_ Indicate below ALL arrests, including juvenile delinquent. If there is insufficient space below, use additional paper for further listing.

Have the police ever been called to any of your residences? Yes      No

If "Yes," please explain in detail

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Have you ever been listed on a police report as a suspect or the accused party?

Yes      No

If "Yes," please explain in detail.

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Have you ever used, possessed, or had any involvement whatsoever with any illegal substance, drug, or drug paraphernalia? Yes No If "Yes," explain in detail.

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Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No Was record sealed or expunged? Yes No If "Yes," to either please explain in detail.

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| Date | Violation Actual Charge | Location City & State | Court Disposition or Sentence | Police Agency |
|------|-------------------------|-----------------------|-------------------------------|---------------|
|      |                         |                       |                               |               |
|      |                         |                       |                               |               |
|      |                         |                       |                               |               |
|      |                         |                       |                               |               |
|      |                         |                       |                               |               |

9. List all traffic violations, including any violations investigated by police agency. Use additional paper for further listing.

| Date | Violation Actual Charge | Location City & State | Court Disposition or Sentence | Police Agency |
|------|-------------------------|-----------------------|-------------------------------|---------------|
|      |                         |                       |                               |               |
|      |                         |                       |                               |               |
|      |                         |                       |                               |               |
|      |                         |                       |                               |               |

10. Do you possess a valid Florida Driver's License? Yes No

License Class: \_\_\_\_\_ Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

11. Did you ever possess a driver's license issued by any other state than Florida?

Yes No If "Yes," when, where and why?

\_\_\_\_\_

12. Has your license ever been suspended or revoked? Yes No

If "Yes," when, where and why?

\_\_\_\_\_

\_\_\_\_\_

Was your license ever restored? Yes No When? \_\_\_\_\_

13. Have you ever been a defendant in a civil action based on a claim by the plaintiff of a tort (an intentional wrong or injury on another person, including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)?

Yes No

If yes, state the nature of the injury claimed, and the current status/disposition of the claim, action, lawsuit.

**EMPLOYMENT**

**(Answer all questions)**

14. List below, CHRONOLOGICALLY, most recent dates first, EACH and EVERY place in which you were employed. OMIT NONE. Give correct, full addresses. Give dates of unemployment between each period of employment, in proper sequences. Include ALL part-time employment.

| Name & Address of Employer | Dates From - To | Name of Immed. Supervisor | Position Held | Reason for Leaving |
|----------------------------|-----------------|---------------------------|---------------|--------------------|
|                            |                 |                           |               |                    |
|                            |                 |                           |               |                    |
|                            |                 |                           |               |                    |
|                            |                 |                           |               |                    |

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|  |  |  |  |  |

If you have any further comments or wish to explain further regarding your employments, please use a separate sheet of paper.

15. Do you have any objection to us contacting your present employer?

Yes      No

If "Yes," why?

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16. Were you ever discharged or asked to resign from employment?    Yes      No

How many times? \_\_\_\_\_

Give details of discharge or forced resignation:

| <b>Name of Employer</b> | <b>Employer's Address</b> | <b>Date</b> | <b>Supervisor's Name</b> | <b>Reason for Discharge</b> |
|-------------------------|---------------------------|-------------|--------------------------|-----------------------------|
|                         |                           |             |                          |                             |
|                         |                           |             |                          |                             |
|                         |                           |             |                          |                             |



**EDUCATION**

(Answer **all** questions)

22. CHRONOLOGICALLY, list all school and colleges you have attended. Begin with the most recent.

| Name of School | Address | City, State, Zip | From - To<br>(MO/YR) |
|----------------|---------|------------------|----------------------|
|                |         |                  |                      |
|                |         |                  |                      |
|                |         |                  |                      |
|                |         |                  |                      |
|                |         |                  |                      |
|                |         |                  |                      |
|                |         |                  |                      |
|                |         |                  |                      |
|                |         |                  |                      |
|                |         |                  |                      |

23. Where and when did you receive your high school diploma or GED certificate? Give name, address, city, state and zip code.

\_\_\_\_\_

24. During your educational period, were you ever expelled or placed on probation?

Yes      No      If "Yes," state date, name of school, address of school, and details.

\_\_\_\_\_

\_\_\_\_\_

25. What college degrees or professional license do you possess?

\_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS**

**(Answer all questions)**

26. Should an offer of employment be made, are you willing to work 40 hours weekly, with rotation of shifts and days off, on a scheduled basis?    Yes        No

27. List five (5) personal references that you have known for at least one year. DO NOT use former employers, relatives or present neighbors. All addresses must be complete. Include name, address, apartment number, etc., city, state and ZIP CODE.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone Number)

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone Number)

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone Number)

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone Number)

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone Number)

BE CERTAIN THAT ALL ADDRESSES ARE COMPLETE WITH ZIP CODES.

I AFFIRM THAT THIS PERSONAL HISTORY FORM CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS, OMISSIONS OR CONCEALMENT OF MATERIAL FACT, AND THAT ALL INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT STATEMENTS MADE BY ME ON THIS PERSONAL HISTORY FORM ARE SUBJECT TO LATER INVESTIGATION. I AM FURTHER AWARE THAT SHOULD ANY INVESTIGATION DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION OR CONCEALMENT OF MATERIAL FACT, MY APPLICATION MAY BE REJECTED, AND MY NAME REMOVED FROM ELIGIBILITY.

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

STATE OF FLORIDA  
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_, who is personally known to me or who had produced \_\_\_\_\_ (type of identification) as identification and who did / did not take an oath.

\_\_\_\_\_ Notary's Signature  
\_\_\_\_\_ Notary's Name  
\_\_\_\_\_ Notary's Title or Rank  
\_\_\_\_\_ Serial Number, if any

My commission expires: \_\_\_\_\_



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC 58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages 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. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

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

Applicant's Address \_\_\_\_\_

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public - State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

CITY OF BRADENTON POLICE DEPARTMENT  
DRUG TESTING CONSENT FORM

I understand that as part of the pre-employment process, the Department will conduct a background investigation in an effort to determine my suitability to fill the position for which I have applied. In keeping with the efforts of the Department to identify the most qualified individuals for the law enforcement profession, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood. I understand that refusal to supply the necessary samples may be grounds for rejection of my application for employment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for the position for which I have applied, and that written confirmatory laboratory reports may be subject to disclosure under Florida's Public Records Act.

I further understand that as a condition of my employment, testing shall be required yearly following my employment with the Bradenton Police Department. Refusal to submit to testing may result in disciplinary action, up to and including termination.

|                                |               |
|--------------------------------|---------------|
| _____<br>Applicant's Signature | _____<br>Date |
| _____<br>Witness Signature     | _____<br>Date |

STATE OF FLORIDA  
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_, who is personally known to me or who had produced \_\_\_\_\_ (type of identification) as identification and who did / did not take an oath.

\_\_\_\_\_  
Notary's Signature  
\_\_\_\_\_  
Notary's Name  
\_\_\_\_\_  
Notary's Title or Rank  
\_\_\_\_\_  
Serial Number, if any

My commission expires: \_\_\_\_\_

Applicant Refused to Sign Consent Form



Are you now, or were you ever an ACTIVE or INACTIVE member of the Reserve Forces (any branch), or National Guard of the United States, or any foreign government?

Yes      No                      ACTIVE or INACTIVE? \_\_\_\_\_

Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

### Veteran's Preference

If you are an honorable discharged veteran or otherwise qualify under one of the criterion below, you may be eligible for veterans' preference in appointment.

Do you request a Veteran's Preference? Yes \_\_\_ No\_\_\_ **If yes**, please designate the basis for your preference entitlement:

- a. \_\_\_ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense. (§295.07(1)(a), F.S.)
- b. \_\_\_ The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. (§295.07(1)(b), F.S.)
- c. \_\_\_ A wartime veteran as defined in section 1.01(14) F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. (§295.07(1)(c), F.S.)
- d. \_\_\_ The unremarried widow or widower of a veteran who died of a service-connected disability. (§ 295.07(1)(d), F.S.)
- e. \_\_\_ The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. (§295.07(1)(e), F.S.)
- f. \_\_\_ A veteran as defined in section 1.01(14), F.S., excluding active duty for training. (§ 295.07(1)(f), F.S.)
- g. \_\_\_ Current member of any reserve component of the United States Armed Forces or the Florida National Guard. (§295.07(1)(g), F.S.)

**Documentation Required:** A legible DD Form 214 (member copy #4) or equivalent document, which serves as a certificate of release or discharge, or current qualifying Reserve documentation, must be furnished at the time of application or prior to the closing date of the requisition. In addition, applicants claiming categories a, b, d or e above must furnish supporting documentation in accordance with the provisions of Fla. Administrative Code Rule 55A-7, F.A.C. Wartime periods are defined in §1.01(14), F.S.



# CITY OF BRADENTON



\*You must save this file to your computer first before you fill it out and submit it. In order to submit it you must attach it to an email and send it to [enid.jack@cityofbradenton.com](mailto:enid.jack@cityofbradenton.com)

# Employment Application

Human Resources Department  
 101 Old Main Street, Bradenton, FL 34205  
 AN EQUAL OPPORTUNITY EMPLOYER  
 DRUG FREE WORKPLACE

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

Personal

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Are you legally able to work in the U.S.? Yes No  
 Have you ever been known by or used any other name? Yes No  
 If yes, what? \_\_\_\_\_

General

Date available to begin work: \_\_\_\_\_ Minimum Salary expected: \_\_\_\_\_  
 I will accept (Please check any that apply): Full-Time Part-Time Temporary  
 Shift Work Evenings Weekend Holidays  
 Have you ever been employed by the City of Bradenton Yes No If yes, when? \_\_\_\_\_  
 Position? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_  
 Do you have any friends or relatives who are employees of the City of Bradenton? Yes No  
 If yes, list name and relationship: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Driving

Do you have a valid driver's license? Yes No Type: Operator CDL Restricted  
 Has your license ever been revoked or suspended? Yes No  
 If yes, when and for what reason? \_\_\_\_\_  
 \_\_\_\_\_

Education

Last grade completed: \_\_\_\_\_  
 Do you have a High School Diploma or GED? Diploma GED  
 Last high school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Colleges/Universities

| Name & location | Dates Attended         | GPA | Major/Minor Field of Study | Type of Degree | Date Degree Awarded |
|-----------------|------------------------|-----|----------------------------|----------------|---------------------|
|                 | from _____<br>to _____ |     |                            |                |                     |
|                 | from _____<br>to _____ |     |                            |                |                     |
|                 | from _____<br>to _____ |     |                            |                |                     |

**THIS SECTION MUST BE COMPLETED EVEN THOUGH YOU MAY HAVE A RESUME**

Complete all information requested. Begin with your most recent job. List each job separately. List all jobs, military service, and any period of unemployment.

If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.

If you have been employed under any other name(s), list name(s) by each employer as applicable.

|  |   |
|--|---|
| <b>Employer:</b> _____                             | <b>Job Title:</b> _____                                 |
| <b>Street Address:</b> _____                       | <b>City:</b> _____ <b>State:</b> ____ <b>Zip:</b> _____ |
| <b>Start Date:</b> _____ <b>End Date:</b> _____    | <b>Start Salary:</b> _____ <b>End Salary:</b> _____     |
| <b>Telephone Number:</b> (____) _____              |   |
| <b>Name of Supervisor/Contact Person:</b> _____    | <b>Title:</b> _____                                     |
| <b>Specific Duties and Responsibilities:</b> _____ |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| <b>Reason for leaving:</b> _____                   |   |
| _____  |   |

|  |   |
|--|---|
| <b>Employer:</b> _____                             | <b>Job Title:</b> _____                                 |
| <b>Street Address:</b> _____                       | <b>City:</b> _____ <b>State:</b> ____ <b>Zip:</b> _____ |
| <b>Start Date:</b> _____ <b>End Date:</b> _____    | <b>Start Salary:</b> _____ <b>End Salary:</b> _____     |
| <b>Telephone Number:</b> (____) _____              |   |
| <b>Name of Supervisor/Contact Person:</b> _____    | <b>Title:</b> _____                                     |
| <b>Specific Duties and Responsibilities:</b> _____ |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| <b>Reason for leaving:</b> _____                   |   |
| _____  |   |

|  |   |
|--|---|
| <b>Employer:</b> _____                             | <b>Job Title:</b> _____                                 |
| <b>Street Address:</b> _____                       | <b>City:</b> _____ <b>State:</b> ____ <b>Zip:</b> _____ |
| <b>Start Date:</b> _____ <b>End Date:</b> _____    | <b>Start Salary:</b> _____ <b>End Salary:</b> _____     |
| <b>Telephone Number:</b> (____) _____              |   |
| <b>Name of Supervisor/Contact Person:</b> _____    | <b>Title:</b> _____                                     |
| <b>Specific Duties and Responsibilities:</b> _____ |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| _____  |   |
| <b>Reason for leaving:</b> _____                   |   |
| _____  |   |

Employment History





**Special Skills**

**Special Training (Business, Trade, Vocational, Armed Forces, etc.) :**

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**Computer Literate:** Yes    No                      **Basic Microsoft Office/Email Use?:** Yes    No

**Machines and/or Equipment Operated:**

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**Licenses or Certifications (including type, State or other licensing authority):**

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**Membership(s) in professional, job related organizations (including offices held):**

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**Have you ever been subject to discipline with regard to any professional license or certification, or had any professional license or certification suspended, revoked, or canceled? Yes    No    If yes, please explain:**

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**State any additional information that may be helpful to us in considering your application:**

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**Legal History**

**Have you ever been convicted, pled guilty, pled nolo contendere or no contest, regardless of adjudication; or are there any criminal charges now pending against you to any violation of any law, police regulation or ordinance other than minor traffic violations? Yes    No**

**If yes, describe the current charges on conviction(s), show date, charge, location, disposition, and court. (Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service. You may omit any offense committed before your 18<sup>th</sup> birthday, which was finally adjudicated in a juvenile court or under a youth offender law.)**

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**Have you ever been refused a Surety Bond? Yes    No**

(NOTE: POLICE AND DRIVING RECORDS WILL BE CHECKED WHERE APPLICABLE)

Information concerning criminal history will not necessarily disqualify an applicant unless the record indicates that the applicant would not be suitable or desirable for employment in a particular position. An applicant who falsifies the application by failing to give required information concerning criminal history will, if employed, be subject to dismissal. Non-disclosure of any of the above will disqualify applicant.

List three primary references not related to you whom you have known for at least one year. Do not list anyone we cannot contact immediately.

**References**

| Name | Address | Phone # | Years Acquainted |
|------|---------|---------|------------------|
|      |         | ( )     |                  |
|      |         | ( )     |                  |
|      |         | ( )     |                  |

# Veteran's Preference

If you are an honorable discharged veteran or otherwise qualify under one of the criterion below, you may be eligible for veterans' preference in appointment.

**Do you request a Veteran's Preference?** Yes No

If yes, please designate the basis for your preference entitlement:

- a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense. (§295.07(1)(a), F.S.)
- b. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. (§295.07(1)(b), F.S.)
- c. A wartime veteran as defined in section 1.01(14) F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. (§295.07(1)(c), F.S.)
- d. The unmarried widow or widower of a veteran who died of a service-connected disability. (§ 295.07(1)(d), F.S.)
- e. The mother, father, legal guardian, or unmarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. (§295.07(1)(e), F.S.)
- f. A veteran as defined in section 1.01(14), F.S., excluding active duty for training. (§ 295.07(1)(f), F.S.)
- g. Current member of any reserve component of the United States Armed Forces or the Florida National Guard. (§295.07(1)(g), F.S.)

**Documentation Required:** A legible DD Form 214 (member copy #4) or equivalent document, which serves as a certificate of release or discharge, or current qualifying Reserve documentation, must be furnished at the time of application or prior to the closing date of the requisition. In addition, applicants claiming categories a, b, d or e above must furnish supporting documentation in accordance with the provisions of Fla. Administrative Code Rule 55A-7, F.A.C. Wartime periods are defined in §1.01(14), F.S.

**Complaints:** An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, Post Office Box 31003, St. Petersburg, FL, 33731. The complaint must be filed within 21 calendar days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given. Because the City is not required to provide notice of non-selection to the applicant, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

### THIS CERTIFICATION MUST BE SIGNED – PLEASE READ CAREFULLY

# Certification

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the City of Bradenton to verify all information contained herein, and I release the City of Bradenton, all past employers and all references from any and all liability for the release of information to the City of Bradenton.

I understand that all job offers from the City are conditioned on proper completion of a health questionnaire and successful completion of a medical examination by a city appointed physician to determine my ability to perform any job offered.

If seeking a position subject to pre-employment drug/alcohol testing, I further consent and agree to give a specimen of my blood and/or urine to any medical facility designated by City of Bradenton for purposes of drug and alcohol screening

**I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING SUMMARILY DISCHARGED IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATION OR FALSIFICATION, OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.**

**AGREEMENT:** By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. By signing below, I accept the conditions of this agreement.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\* The City of Bradenton collects your social security number for the following purposes: identification and verification; background checks; wage and benefit processing; tax reporting; federal reporting requirements; workers' compensation; employment applications; pre-employment physicals and drug/alcohol testing. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

The city of Bradenton, Florida, is an equal opportunity employer. Qualified applicants are considered for employment are treated without regard to race, color, sex, religion, national origin, age, marital or veteran status (except if eligible for veteran's preference), or the presence of a non-job-related medical condition or disability.

The City of Bradenton is subject to the Florida Public Records Act, and all, or portions, of this application may be subject to disclosure as required by law.

# CITY OF BRADENTON

EMPLOYMENT APPLICATION  
Human Resources Department  
101 Old Main Street, Bradenton, FL 34205  
AN EQUAL OPPORTUNITY / DRUG FREE WORKPLACE



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NAME: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you perform the essential functions for the position you have applied for with or without reasonable accomadation? Upon a job offer, applicants are subject to a medical exam and/or other inquiry to confirm the applicant has the ability to perform essential functions with or without reasonable accomodation and for other purposes as allowed by law.

Yes                      No

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. By signing below, I accept the conditions of this agreement.

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

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

# CITY OF BRADENTON



**EMPLOYMENT APPLICATION**  
**Human Resources Department**  
**101 Old Main Street, Bradenton, FL 34205**  
**AN EQUAL OPPORTUNITY / DRUG FREE WORKPLACE**

## AUTHORITY FOR RELEASE OF INFORMATION

**TO:** CONCERNED PERSON OR AUTHORITY REPRESENTATIVE OF ANY ORGANIZATION, INSTITUTION, OR REPOSITORY OF RECORD

**FROM:** THE CITY OF BRADENTON, HUMAN RESOURCES DEPARTMENT

**REGARDING:**

|   |
|---|
| <b>NAME:</b> _____<br>(First) (Middle) (Last)                               |
| <b>ADDRESS:</b> _____<br>_____<br>(City) (State) (Zip)                      |
| <b>DATE OF BIRTH:</b> _____ <b>*SS#:</b> _____                              |
| <b>DRIVER'S LICENSE NUMBER:</b> _____ <b>EXP:</b> _____ <b>STATE:</b> _____ |

I authorize the City of Bradenton to perform a background investigation to assist the City in determining my suitability for the position I am seeking. Background investigations will only be conducted if a position is conditionally offered.

I respectfully request and authorize you to furnish the City of Bradenton and its representatives all information that you may have concerning my employment records, school records (to include copy of transcript), character, reputation, military records, criminal history records, and driver's license (where applicable). This information is to be used to assist the City of Bradenton in determining my qualifications and fitness for the position I am seeking with the City. A copy of this form may be used and relied upon as if it were the original.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

**AGREEMENT:** By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. By signing below, I accept the conditions of this agreement.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

# CITY OF BRADENTON

## EMPLOYMENT APPLICATION

Human Resources Department

101 Old Main Street, Bradenton, FL 34205

AN EQUAL OPPORTUNITY / DRUG FREE WORKPLACE



Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status (except veteran's preference), or the presence of a non-job-related medical condition or disability.

The City of Bradenton is an equal opportunity employer. We are also subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This data will not be kept with the application form, nor used in the decision to hire.

Applicant Data Sheet

|   |                              |                      |
|---|------------------------------|----------------------|
| Name:   |                              |                      |
| Position Applied For:   |                              | Date of Application: |
| <b>ETHNIC DATA: (Check Only One)</b>  |                              |                      |
| <p><b>White</b> (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East</p> <p><b>Black</b> (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa</p> <p><b>Hispanic:</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race</p> <p><b>Asian or Pacific Islander:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands</p> <p><b>American Indian or Alaskan Native:</b> All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition</p> |                              |                      |
| <b>GENDER DATA:</b>   |                              |                      |
| M (Male)  |                              | F (Female)           |
| <b>How did you learn about the position for which you are applying? (Check Only One)</b>  |                              |                      |
| City Web Site   | City Human Resources Dept.   | City Employee        |
| Friend (not City employee)  | Relative (not City employee) | Advertisement        |
| Employment Agency   | Other, <b>please specify</b> |                      |

**\*You must save this file to your computer first before you fill it out and submit it. In order to submit it you must attach it to an email and send it to [enid.jack@cityofbradenton.com](mailto:enid.jack@cityofbradenton.com)**