



CITY OF SEBRING
APPLICATION FOR AT-WILL EMPLOYMENT – CDL Driver
 368 S. Commerce Ave., Sebring, FL 33870 ♦ Phone (863) 471-5100 ♦ Fax (863) 471-5142

We consider applicants for all positions without regard to race, color, sex, marital status, religion, creed, national origin, political opinions or affiliations, age, the presence of a non-job related condition or disability, or any other legally protected status. The information requested on this application is required by law and / or the City of Sebring’s personnel rules and regulations and is necessary to be evaluated for employment. In accordance with the ADA, we provide reasonable accommodation upon request. **Drug-Free Workplace Policy:** In accordance with F.S. 440.101/102, The City of Sebring is a drug-free workplace. Applicants and employees may be subject to the following types of testing for the use of illegal substances at any time for: Pre-employment, reasonable suspicion, post-accident, return to duty, random and routine fitness for duty in accordance with F.S.440.102. Drug and alcohol testing of employees holding commercial drivers’ licenses is conducted per federal law and regulation 49 CFR Part 382.103/ 107. **All information provided will be verified. If employed, this document will become part of your permanent personnel file.**

Please consider me for the position: (Submit a separate application and copies of supporting documents for each position to which you apply):

_____ Check one: ___ full-time; ___ part-time; ___ temporary; ___ work-study
 Position title

I can start work on ____/____/____ Do you intend to provide notice to your current employer? ___Yes ___No

APPLICANT INFORMATION (Type or print legibly in ink only.)

This application must be completed in its entirety and signed. Please indicate N/A (not applicable) in any section that does not apply. A résumé may be attached, but DOES NOT substitute for a fully completed application. Unsigned or incomplete applications will not be considered. Include with your application all documentation supporting that you meet the minimum requirements of the position (for example, registration as a professional engineer, OFFICIAL transcripts, etc.)

 Last Name First Name MI

 Home Address (number and street)

 City County State Zip Code

Home phone (____) _____ Business (____) _____ Cell (____) _____

Birth date ____/____/____

Are you legally able to work in the U.S.? ___Yes ___No Can you provide proof at time of hire? ___Yes ___No

Do you have a valid Florida driver’s license? ___Yes ___No Check one: Class ___A ___B ___C ___E

Have you ever been convicted of a crime other than minor traffic violation? _____Yes _____No

Have you ever plead nolo contendere (no contest) to a crime? _____Yes _____No

Has a court ever withheld adjudication after you were charged with a crime? _____Yes _____No

Have you received disciplinary action from your current or last employer within the last 12 months? _____Yes _____No

If you answered “Yes” to any of the questions in this section, explain the circumstances below (or attach to this application additional pages).

List all motor vehicle accidents you were involved in during the 3 years preceding the date of this application, specifying the date and nature of each accident and any fatalities or personal injuries it caused. If you have had no accidents in the past 3 years, write "none".

MOTOR VEHICLE ACCIDENT HISTORY – last 3 years

| Date | Type of Vehicle | Accident Description | Whose Fault? | Fatalities (Yes / No) | Injuries (Yes / No) |
|------|-----------------|----------------------|--------------|-----------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

List all violations of motor vehicle laws or ordinances (do not include parking violations) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of this application. If you have had no violations in the past 3 years, write "none".

MOTOR VEHICLE VIOLATIONS – last 3 years

| Date | City & State | Charge | Penalty | Personal (POV) or Commercial (CMV) |
|------|--------------|--------|---------|------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MOTOR VEHICLE DENIAL, REVOCATION OR SUSPENSION – check one

| | |
|--------------------------|--|
| | |
| <input type="checkbox"/> | NO , I have not had a denial, revocation or suspension of any license, permit, or privilege to operate a motor vehicle. |
| <input type="checkbox"/> | YES , I have had a denial, revocation or suspension of a license, permit, or privilege to operate a motor vehicle. Please detail the facts and circumstances below. |

Note: Answering "Yes" to any of the questions above may not necessarily disqualify you from consideration for employment with the City of Sebring. Each explanation will be evaluated in relation to the position to which you are applying.

EDUCATION

| High School | | Highest Grade Completed | Diploma (Yes / No) | Equivalency or GED | |
|---|--|-------------------------|--------------------------|-----------------------------------|--------------|
| H.S. Name | | | | | |
| Location | | | | | |
| Your name, if different than application: | | | | | |
| Name of College/ University/ Professional School | Location | Hours Earned | Course of Study or Major | Degree and Field (BS, MS, PHD...) | Date awarded |
| | | | | | |
| | | | | | |
| Your name, if different than application: | | | | | |
| Name of Tech/ Vocational/ Military School | Location | Hours Earned | Course of study or Major | Degree and Field (BS, MS, PHD...) | Date awarded |
| | | | | | |
| | | | | | |
| | | | | | |
| List any current licenses, registrations, or certifications | License, registration, or certificate number | Date Received | Date Expires | | |
| | | | | | |
| | | | | | |
| | | | | | |
| List CDL License Number | Issuing State | Date Received | Date Expires | | |
| | | | | | |
| | | | | | |

RESIDENCE HISTORY – last 3 years

Begin with current or most recent address of residency and provide your **complete** address history for the past 3 years preceding the date of this application. Attach additional pages as necessary.

| From: | To: | Address (Street, City, State, Zip): |
|-------|-----|-------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

PERSONAL REFERENCES Exclude relatives.

| Name | Occupation | Complete Address (number, street, city, state, zip) | Phone number (XXX) XXX-XXXX | Years known |
|------|------------|--|--------------------------------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

WORK HISTORY – last 10 years

Begin with your current or most recent employer and provide your **complete** work history. Attach additional pages as necessary. List your experience in the operation of motor vehicles including the type of equipment. A resume may be attached, but not used in place of completing the below work history.

| | | | | |
|---------------------------------------|-----|-------------------|--------|--|
| | | | | |
| From: | To: | Employer name: | Phone: | |
| Title: | | Address: | | |
| Supervisor Name: | | Responsibilities: | | |
| Last Salary per Week/Year: | | | | |
| Reason for leaving: | | | | |
| May we Contact your present employer? | | | | |
| | | | | |
| From: | To: | Employer name: | Phone: | |
| Title: | | Address: | | |
| Supervisor Name: | | Responsibilities: | | |
| Last Salary per Week/Year: | | | | |
| Reason for leaving: | | | | |
| | | | | |
| From: | To: | Employer name: | Phone: | |
| Title: | | Address: | | |
| Supervisor Name: | | Responsibilities: | | |
| Last Salary per Week/Year: | | | | |
| Reason for leaving: | | | | |

| | | | |
|----------------------------|-----|-------------------|--------|
| From: | To: | Employer name: | Phone: |
| Title: | | Address: | |
| Supervisor Name: | | Responsibilities: | |
| Last Salary per Week/Year: | | | |
| Reason for leaving: | | | |

| | | | |
|----------------------------|-----|-------------------|--------|
| From: | To: | Employer name: | Phone: |
| Title: | | Address: | |
| Supervisor Name: | | Responsibilities: | |
| Last Salary per Week/Year: | | | |
| Reason for leaving: | | | |

| | | | |
|----------------------------|-----|-------------------|--------|
| From: | To: | Employer name: | Phone: |
| Title: | | Address: | |
| Supervisor Name: | | Responsibilities: | |
| Last Salary per Week/Year: | | | |
| Reason for leaving: | | | |

| | | | |
|----------------------------|-----|-------------------|--------|
| From: | To: | Employer name: | Phone: |
| Title: | | Address: | |
| Supervisor Name: | | Responsibilities: | |
| Last Salary per Week/Year: | | | |
| Reason for leaving: | | | |

SKILLS AND QUALIFICATIONS Summarize your special skills and qualifications.

APPLICANT'S STATEMENT

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision including the City contacting my previous employers for the purpose of investigating my safety performance history information as required by Federal Motor Carrier Safety Administration (FMCSA) §391.23.

As a prospective employer, the City, is required to notify all driver applicants of their due process rights as specified in §391.23(i) regarding information received as a result of these investigations. In accordance with section (i)(1) I understand as a driver with Department of Transportation regulated employment during the preceding three (3) years that I have the following rights regarding the investigative information that will be provided to the prospective employer:

- (i)(1)(i) The right to review information provided by previous employers;
- (i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- (i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three (3) years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days' deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or to receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I hereby understand that the position I am applying for is a CDL position and is designated as a DOT safety sensitive function. I further understand that as a CDL driver I am subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 of the Federal Motor Carrier Safety Regulations. I authorize any and all persons and/or institutions to provide any relevant information, including my alcohol and controlled substances testing/training, that may be required to complete my qualification and I agree to release them from any and all liability for supplying said information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that as an "Employee" I may resign at any time and the City as "Employer" may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Sebring.

Signature of Applicant

Date

This form **MUST** be signed in **either** Block 1 **or** Block 2 to complete your application

VETERANS' PREFERENCE INFORMATION

Veterans' Preference Policy: The City of Sebring affords veterans preference in employment in accordance with F.S. 295.07 if you are requesting Veterans' Preference, a copy of your most recent DD-214 must be submitted with this application. Completion of the Veterans' Preference Claim below is made on a voluntary basis. The five Veterans' Preference categories are listed below. If you select category 1, 2, or 4, this form will be kept confidential in accordance with the Americans with Disabilities Act (ADA).

1. Disabled Veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by the Department of Veteran Affairs or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense or
2. The spouse of a veteran:
Who has total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
Who is missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.
3. A veteran of any war, who has served one day during that wartime period as defined in subsection 1.01 (14), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America,
 - Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision of the state.
 - Persons who were previous ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their veteran's preference again with all employers covered by law.
 - Persons previously ineligible for preference because they did not serve duty and eligible wartime period may now be eligible for Veteran's Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 – present) or Operation Iraqi Freedom or
4. The un-remarried widow of widower of a veteran who died of a service-connected disability.
5. A mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense. A veteran who served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Force Expeditionary Medal or Global War on Terrorism Expeditionary Medal, if otherwise eligible.
6. A Veteran as defined in section 1.01(14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, or
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

*You **must** provide a DD-214 or comparable official document to serve as a certificate of release or discharge **at the time of application**. In addition, if you claim preference under categories 1, 2, or 4 above you must furnish documentation per Rule 55A-7.012, F.A.C War periods are defined in Section 1.01, F.S. Under Florida Law, preference in appointment will be given by the state to those persons in categories 1 and 2 and then those categories 3, 4, and 5. Effective July 1, 2014, you no longer need to be a Florida resident to qualify for Veteran's Preference. U.S. Citizens and lawfully authorized alien workers in the United States can now apply for a position with a political entity in the state of Florida and request that they be given Veteran's Preference on their job application if they meet the other eligibility requirements.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he or she may file a complaint with the Florida Department of Veteran's Affairs, P.O. Box 31003, St. Petersburg, FL 33731-8903. A complaint must be filed within 21 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. Non-certified photocopies may be submitted with the application; however, if awarded an interview original DD-214s and / or VA Award Letters must be presented to Human Resources for verification.

VETERANS' PREFERENCE CLAIM

BLOCK 1

If eligible, which Veterans' Preference category are you claiming? 1 2 3 4 5 6 7
(Check the number from the Veterans' Preference Information section above.)

Have you ever been employed by any governmental entity within the State of Florida? Check One: Yes No

Signature: _____ Date: _____

BLOCK 2

I declare that I am not claiming Veterans' Preference in this application.

Signature: _____ Date: _____

AUTHORITY FOR RELEASE OF INFORMATION/SOCIAL SECURITY COMPLIANCE

Concerned person or
Authorized representative of any organization,
Institution or repository of records

Applicant's Name: _____
Date of Birth: _____
Social Security #: _____

I respectfully request and authorize you to furnish the CITY OF SEBRING any and all information that you have concerning my work record, school record, military record, reputation and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and Photostats of same, if requested. This information is to be used to assist in determining my qualification and fitness for the position I am seeking with the CITY OF SEBRING. This authorization is in compliance with **Section 119.071(5) Florida Statutes**, the City of Sebring collects your social security number and other information for the following purposes: Identification and verification, benefit processing, and tax reporting. Social security numbers are also used as a unique identifier and may be used for search purposes. I hereby release your organization or others from any liability or damage, which may result from furnishing the information requested.

Applicant's Signature

Date

Address

City State Zip

AFFIDAVIT

STATE OF **FLORIDA**

County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

_____ Personally known _____ Identification _____

Sworn to and subscribed in my presence this _____ day of _____ 20 ____.

My commission expires: _____

Notary Public

(Notary Seal)