

*Service + Safety*



*Since 1883*

Applicant:

The Bartow Fire Department application process presently prefers Firefighter / emergency medical technician applicants to be Florida certified in both at the time of the application.

While preparing your application, please note that COMPLETE and ACCURATE MAILING ADDRESSES are required. Your application will be reviewed to ensure all information is complete and all necessary documentation is included prior to its acceptance. All incomplete applications will be discarded without further investigation.

Photocopies of the following items **MUST** be included with your application:

1. Current Florida driver's license {must be Class D with E endorsement}
2. Social Security card
3. Birth Certificate issued by State
4. High school diploma, GED (if not Florida GED, must have transcript) or college Transcripts
5. If a veteran, copy of Form DD-214
6. Copy of State of Florida certificate of compliance
7. Copy of current State of Florida EMT or Paramedic License
8. Copy of current CPR card
9. Florida Emergency Vehicle Operator's Certification {EVOC}
10. Any other applicable diplomas and/or certificates may be included

Prior to hiring, the following requirements must be successfully met:

1. Background investigation and reference checks
2. Oral interview
3. Urinalysis examination
4. Physical examination and EKG
5. Psychological test

If you are hired, after your orientation period, this job is a shift work position.

You will be required to work twenty-four hour shifts followed by forty-eight hours off duty. Your on duty time will include working various holidays on a rotating schedule.

**Many aspects of your application will become public records per Florida State Statute 119.**

Bartow Fire Department policy prohibits the offer of employment to any applicant who has:

Within the past twelve (12) months used, tried, experimented with or otherwise possessed any illegal controlled substance including marijuana;

Within the past sixty (60) months used, tried, experimented with or otherwise possessed any illegal controlled substance classified by Florida statutes as a Schedule I or Schedule II illegal substance ("hard" drugs).

Sold or delivered any illegal controlled Substance at any time.

**Please return the completed application and all required documents to:**

**City of Bartow  
Fire Department  
110 E. Church St.  
Bartow, FL 33830  
Phone No. (863) 534-5044**

**BARTOW FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT**  
110 E. Church Street  
Bartow, FL 33830

**POSITION DESIRED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INSTRUCTIONS**

Application must be typewritten or printed legibly in ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

**PERSONAL HISTORY**

1. Full Name:

Last Name, Suffix	First	Middle	Nickname
Residence Address (Apt. # if applicable)		Mailing Address (Apt. # if applicable)	
City	County	State	ZIP Code
( )	( )		
Telephone Number (Home)	(Other)		

2. Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

3. Place of Birth:

City	County	State	Country (if not United States)
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4. Other: List all other names you have used including circumstances and time periods you used them. For example: former name(s), alias(es), and nickname(s).

Name	Circumstance	Dates From - Mo. /	Dates To - Mo. /

The City of Bartow is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

5. Are you a United States citizen?  Yes  No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

If naturalized, please provide \_\_\_\_\_  
Date Place

\_\_\_\_\_  
Court Naturalization Number

6. Do you have or have you ever applied for a passport?  Yes  No  
No Passport Number \_\_\_\_\_

7. Have you ever filed an application with us before?  Yes  No Date \_\_\_\_\_

8. Have we ever employed you before?  Yes  No Dates \_\_\_\_\_

## EDUCATION / TRAINING

1.

High School Name / Address	Dates Attended Mo. / Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

College / University Name / Address	Dates Attended Mo. / Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major \_\_\_\_\_ Minor \_\_\_\_\_

3. Other Schools (Trade, Vocational, Business, Police Academies or Military):

Name / Address	Dates Attended - Mo. / Yr.		Credit Hours Earned	Area of Study	Did You Graduate ?	Type of Degree Or Certificate
	From	To				

4. Describe any awards, honors, citations or other special recognition you received while attending school and positions held in school organizations:

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5. Indicate any foreign languages you can: Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

6. Indicate any FIRE or EMS education / training:

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

7. Did you receive a certificate for this training?  Yes  No

State certificate numbers

\_\_\_\_\_

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: {i.e.: rope / technical rescue, extrication, paramedic, etc.}

\_\_\_\_\_

9. Describe any word processing or computer skills and list all software used:

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

10. On what date are you available for work? \_\_\_\_\_

12. Are you available to work?  Full Time  Part Time

13. Are you available to work rotating shifts?  Yes  No

## EMPLOYMENT HISTORY

1. List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment. (Add Additional page if needed)

Name & Address of Employer	Dates Worked Mo. / Yr.		Salary	Your Title Or Position	Name Of Supervisor	Reason For Leaving
	From	To				
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">ZIP</span>						
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">ZIP</span>						
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">ZIP</span>						
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">ZIP</span>						
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">ZIP</span>						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?  Yes  No If yes, please explain. \_\_\_\_\_

3. Have you resigned, or left a job by mutual agreement, following allegations of misconduct or unsatisfactory job performance?  Yes  No If yes, please provide details. \_\_\_\_\_

4. May we contact your present employer?  Yes  No

5. Have you ever applied to or performed paid or unpaid services for a fire service or EMS agency not listed as your current employer?  Yes  No If yes, please provide name of agency and date of application or service.

6. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes  No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

## RESIDENCES

1. Actual places of residence for past 10 years - list chronologically all addresses, including residences while at school and in military. For college or campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates - Mo. / Yr.		Apt. No.	Street Address	City	County	State	Zip
From	To						

## ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?  Yes  No If yes, explain
- 
- 

2. Have you ever been convicted of a felony?  Yes  No

3. To your knowledge, has any member of your family ever been arrested for other than traffic violations?  Yes  No

If yes to question #1, #2, or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Place	Date of Charge	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Date of Charge	Disposition

4. Has any law enforcement officer ever detained you for investigative purposes or to your knowledge, have you ever been the subject of or a suspect in any criminal investigation?  Yes  No

5. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No

If yes to question #5 or #6, please provide details.

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## DRIVING HISTORY

Answer, as you will be required to operate a vehicle as part of your job duties.

1. Are you a licensed Florida automobile operator or chauffeur?

Yes    No   License No.: \_\_\_\_\_   Endorsements: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_   Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license in another state?

Yes    No

If yes, please provide state(s), name used and approximate dates license(s) was/were held.

\_\_\_\_\_

3. Have you ever received a ticket or been charged with a traffic violation?  Yes  No

Give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes    No   If yes, please provide complete details including reason.

\_\_\_\_\_

\_\_\_\_\_

## MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_

Service # \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

2. Date and type of discharge: \_\_\_\_\_

3. Are you now or have you ever been a member of the Reserve Unit or the National Guard?

Yes  No

4. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: \_\_\_\_\_

5. Was any type of disciplinary action taken against you in the service?  Yes  No If yes, please provide:

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

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

6. Are you designated as disabled because of any military service?  Yes  No

7. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veterans' preference.

**Documentation substantiating your claim must be furnished at the time of application.**

1. 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. Veteran's Administration and the Department of Defense, or

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or

3. A veteran of any war, who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America, if any part of such active duty was performed during a wartime era, excluding active duty for training, or

4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987?

Yes  No

If "yes", please give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

**ORGANIZATION MEMBERSHIP**

1. List all clubs and societies of which you are or have been a member:

Name	City & State	Former Member	Present Member List position held (describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above?  
 Yes  No If yes to questions #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No

5. Did you intend to promote any unlawful aims of the organization?  Yes  No  
 If yes to questions #2, #3, #4, or #5, explain including name of organization and location.

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## PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City, State & Zip: _____

- Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City, State & Zip: _____

**APPLICANT'S CERTIFICATION**

**I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:**

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause my dismissal from the Bartow Fire Department. All statements made by me on this application are true, correct and complete, to the best of my knowledge.

I consent to all necessary examinations concerning the veracity of this information or that which is discovered as a result of the background investigation or any physical examination or drug test.

My employment or appointment will be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my employment or appointment with the Bartow Fire Department.

I authorize all persons and organizations referenced in this application to furnish the Bartow Fire Department information, personal or otherwise, regarding my ability and fitness for employment or appointment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Bartow Fire Department.

I understand that this employment application shall become the property of the Bartow Fire Department. The application and information received in response to the background investigation are public records.

**If employed by the Bartow Fire Department, I accept and agree to abide by the following conditions:**

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the Bartow Fire Department and its official representatives.

Any property or equipment issued or loaned to me by the Bartow Fire Department shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Bartow Fire Department for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of my employment, I agree that said funds may be deducted from my final paycheck.

I acknowledge that all property belonging to the Bartow Fire Department, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

**Sign in the presence of a notary.**

\_\_\_\_\_  
Applicant's Signature  
STATE OF FLORIDA - COUNTY OF POLK - SEAL

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of person taking acknowledgment

\_\_\_\_\_  
Printed Name  
Title or Rank \_\_\_\_\_



**Bartow Fire Department  
110 E. Church Street  
Bartow, Fl. 33830**

**Authority for Release of Medical and Psychological Information and Documentation**

TO: Concerned Person or Authorized Representative of Any Mental or Medical Affiliated  
Organization,  
Institution or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

EMPLOYING AGENCY REQUESTING INFORMATION: **BARTOW FIRE DEPARTMENT**

I, the undersigned affiant, hereby authorize any employee or authorized representative bearing this release, or a copy thereof, to obtain any information or documentation from all physicians, psychologists, psychiatrists, therapists, medical attendants, and any other health care providers as well as all hospitals, treatment facilities and any and all other sources who have treated me to furnish copies of my full and complete medical, psychological and psychiatric records and any other information requested to any representative of the Bartow Fire Department.

This authorization also includes examination of all hospital records, psychological and psychiatric records, x-ray film and the furnishing of any other information which may be requested by any representative of the Bartow Police Department, including opinions, which have been rendered or acquired by you while attending me in a professional capacity.

I hereby waive as to the Bartow Fire Department and the City of Bartow all provisions of law relating to the disclosure of the medical, mental and psychological records requested, and do hereby release you, as the custodian of such records, and any physician, psychologist, psychiatrist, therapist, medical attendant or other health care provider as well as all attended hospitals, treatment facilities and any and all other sources who have treated me, including each of their 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 Photostat copy of this form will be as valid as the original.

Pursuant to Section 943.13 (4), (5) and (7), Florida Statutes, 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

AFFIDAVIT - Have notarized on following page

STATE OF FLORIDA  
COUNTY OF POLK

BEFORE ME, the undersigned authority, 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.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

(Seal)

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

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

Florida Department of Law Enforcement (CJSTC 58)  
Authority For Release of Information  
(Background Investigation Waiver)

To: *Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records*

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: City of Bartow Fire Department

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. 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 of the requesting agency. Consent is granted for the agency 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, 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my **DD 214**, Report of Separation. to:

*Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13 (4), (5) and (7) 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 \_\_\_\_\_

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF POLK

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.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ **20**\_\_\_\_\_.

My Commission expires on \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced:

**CRIMINAL HISTORY INFORMATION REQUEST**

**Florida Department of Law Enforcement  
CJIS User Services  
P.O. Box 1489  
Tallahassee, FL 32303**

The City of Bartow Fire Department would like to request a thorough criminal history on the following individual. This information is being used as part of the application process for new Firefighter / Emergency Medical Technician positions for the fire rescue service.

Name \_\_\_\_\_  
{Last, Suffix, First, Middle, or Maiden}

Other names used \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

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

Driver License Number \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_



# CITY OF BARTOW

P.O. BOX 1069  
450 N. WILSON AVE.  
BARTOW, FLORIDA 33830

## Application for Employment

Date of Application: \_\_\_\_\_

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

Referral Source       Advertisement       Friend       Relative  
 Employment Agency       Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Are you known to schools/references by another name?    Yes       No

If yes, by what name?

Have you filed an application or been employed here before?    Yes       No  Date \_\_\_\_\_

Are you a citizen of the United States of America?    Yes       No

If not, do you possess an Alien Registration Card?    Yes       No

Are you available to work?      Full Time       Part Time

Do any of your friends or relatives work here?      Yes       No

If yes, list name(s) \_\_\_\_\_

Have you been convicted of a felony or released from prison with the last 7 years?    Yes       No

If yes, describe in full, including date(s) \_\_\_\_\_

List three personal references who are not relatives or City employees

Name	Address	Occupation	Years Known

Veteran's preferential consideration: Chapter 295 of the Florida Statutes provide for preferential consideration of veterans, widows or widowers of veterans, or spouses of disabled veterans. Check one:  
I am *not* eligible    I am eligible    and a copy of Veteran's Administration award letter or my DD214, whichever is appropriate, is attached.

List each job held. Start with your present or last job. Include military service assignments. If necessary, list previous jobs on a separate sheet in the same format and email to [employment@cityofbartow.net](mailto:employment@cityofbartow.net)

**Employment Experience**

Employer		Dates		Work Performed
		From	To	
Address	Phone			
Job Title		Hrly. Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer		Dates		Work Performed
		From	To	
Address	Phone			
Job Title		Hrly. Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer		Dates		Work Performed
		From	To	
Address	Phone			
Job Title		Hrly. Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

**Education**

	Elementary	High School	College/University	Graduate/Professional
School Name, Address (City & State)				
Years Completed: Circle	8TH	12TH	4TH YEAR	4TH YEAR
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities, Also Special Licenses or Certificates.				

Agreement (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Signature: \_\_\_\_\_ *Your Name Here* \_\_\_\_\_ Date: \_\_\_\_\_

# CITY OF BARTOW



## EQUAL EMPLOYMENT OPPORTUNITY

For Statistical Use Only

Although the following information is not mandatory, it is requested to aid the City of Bartow in its commitment to Equal Employment Opportunity. Applicants for employment with the City of Bartow are considered without regard to race, color, religion, sex, sexual preference, national origin, age, disability or marital status. However, the Federal Government may require that the City provide statistics on the number of women, minorities, veterans and disabled persons who apply for jobs. Information provided below will be used for statistical purposes only and will be maintained apart from the Application for Employment during the entire hiring process and will not affect hiring.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Race:

\_\_\_ White

Sex \_\_\_ M \_\_\_ F

\_\_\_ Black

Handicapped \_\_\_ Y \_\_\_ N

\_\_\_ Spanish

Veteran \_\_\_ Y \_\_\_ N

\_\_\_ Asian/Pacific Island

\_\_\_ American Indian/Alaskan

\_\_\_ Wartime Period Veteran \_\_\_ Disabled Veteran \_\_\_ Disabled Person not entitled to Veteran's Preference

\*In accordance with Americans with Disabilities Act of 1990, The City of Bartow invites disabled applicants to inform the Personnel Department if they need any assistance or special accommodations to compete for, or if selected, to be employed in the position for which they have applied.

**CITY OF BARTOW IS AN EOE/DRUG FREE WORKPLACE**