



CITY OF HOLLY HILL

EMPLOYMENT APPLICATION

1065 Ridgewood Avenue

Holly Hill, Florida 32117

www.hollyhillfl.org

An Equal Opportunity Employer

The application must be filled out completely and accurately. PLEASE PRINT CAREFULLY or type all information. All materials submitted become the property of the City of Holly Hill and the information included is subject to public record.

Please be advised that in accordance with F.S. 119.07(5)(2)(a), the City of Holly Hill, Florida, requests, collects and maintains social security numbers for the following specific purposes: income reporting, payroll verification, group benefit and pension processing, employee background checks, drug screen test identification and employment related medical examinations.

Applications may be submitted by mail to the Human Resources Department at 1065 Ridgewood Avenue, Holly Hill, Florida 32117, or by fax to: (386) 248-9448, or hand-delivered to the Human Resources Department.

In accordance with the City's Charter, all employees shall reside within Volusia County, Florida, or if outside of Volusia County, Florida, within (30) driving miles of the municipal limits of Holly Hill, Florida.

If you need an accommodation due to a disability in order to participate in the application/selection process, please notify Human Resources at (386) 248-9440.

Position Applied for:

Name (First, Middle, Last):

Home Address:

Contact Telephone Number: _____ Email Address: _____

If hired, can you furnish proof that you are legally entitled to work in the United States? Yes No

Are you interested in: Full-time Part-time employment

Veterans Preference: Preference shall be given to certain veterans and spouses as provided by Chapter 295, Laws of Florida. Are you claiming veteran's preference? Yes No (If yes, please complete the supplemental Application for Veteran's Preference Form)

EDUCATION

High School Attended: _____

Diploma: Yes No Equivalency: Yes No

COLLEGE OR UNIVERSITY/VOCATIONAL OR TRADE SCHOOL

(For verification, applicants are required to provide a copy of transcripts, diplomas and/or certifications)

Name and location of college or university: _____

Dates Attended From: _____ To: _____

Type of Degree Received: _____

Certification Received: _____



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Major/Minor Program of Study:	
Name and location of college or university:	
Dates Attended From:	To:
Type of Degree Received:	
Certification Received:	
Major/Minor Program of Study:	
Name and location of college or university:	
Dates Attended From:	To:
Type of Degree Received:	
Certification Received:	
Major/Minor Program of Study:	

SKILLS

Please list skills you possess relevant to the position you are applying for to include computer skills or language fluency:

EMPLOYMENT

Describe under the headings below any employment both full and part-time paid employment. Please designate full or part-time under duties listed. Begin with your most recent employment and work backward consecutively.

Describe all periods of employment and periods of unemployment if longer than six months. Please list supervisory responsibilities if applicable. Use additional sheets in the same format as necessary. Resumes will not substitute for any information requested in this section.

Employer:		Position Title:	
Address:			
Supervisors Name and Title:		Telephone No.:	
From		To	
Month:	Year:	Month:	Year:
Starting Annual Salary:		Last Annual Salary:	
Describe duties:			
Reason for Leaving:			
May we contact your present employer regarding your record of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			
Employer:		Position Title:	
Address:			
Supervisors Name and Title:		Telephone No.:	
From		To	
Month:	Year:	Month:	Year:
Starting Annual Salary:		Last Annual Salary:	



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Describe duties:			
Reason for Leaving:			
May we contact your present employer regarding your record of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			
Employer:		Position Title:	
Address:			
Supervisors Name and Title:		Telephone No.:	
From		To	
Month:	Year:	Month:	Year:
Starting Annual Salary:		Last Annual Salary:	
Describe duties:			
Reason for Leaving:			
May we contact your present employer regarding your record of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			
Employer:		Position Title:	
Address:			
Supervisors Name and Title:		Telephone No.:	
From		To	
Month:	Year:	Month:	Year:
Starting Annual Salary:		Last Annual Salary:	
Describe duties:			
Reason for Leaving:			
May we contact your present employer regarding your record of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			

CRIMINAL HISTORY INFORMATION

Have you ever been discharged or forced to resign from any position? Yes No

If yes, please explain:

CRIMINAL HISTORY INFORMATION (cont'd)

Have you ever been convicted of a felony or first degree misdemeanor as an Adult or Juvenile? Yes No

If yes, what charges?

Where convicted?

Date of Conviction:

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor as an adult or juvenile? Yes No

If yes, what charges?

Where convicted?

Date of Conviction:



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Have you ever had the adjudication of guilt withheld to a crime which is a felony or a first degree misdemeanor as an adult or juvenile? Yes No

If yes, what charges?

Where convicted?

Date of Conviction:

(A "Yes" answer to the questions will not automatically bar you from employment. The nature, severity and date of offense in relation to the position for which you are applying will be considered.)

DRIVER LICENSE INFORMATION

Do you have a valid Florida Driver's License? Yes No

Current Florida Driver's License Number:

Expiration Date:

Check One: CDL Class A , B , C , D , E

Please list endorsements (if applicable):

Have you ever been employed by the City of Holly Hill? Yes No

If yes, please provide dates and department:

Are you related to any City employee? Yes No

If yes, give name and relation:

Are you a current or former employee covered under the exemption from public records disclosure, F.S. Section 119.07? Yes No

(Law enforcement, correctional officers, firefighters, certain judges, state attorneys and assistant state attorneys, prosecutors, personnel of a government agency whose duties include revenue collection and enforcement or child support enforcement; human resources and labor relations directors, code enforcement officers and their spouses and children)?



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The space below is provided for any additional or explanatory information that you feel is necessary to complete the application for employment.

The City of Holly Hill does not discriminate on the basis of race, color, national origin, sex religion, age, disability or genetic information in employment.

I have completed this application and any attachments with the knowledge, understanding and consent that any or all items contained herein are subject to investigation prescribed by law and that omission, falsification, or misrepresentation may be grounds for rejection of this application or termination from employment. I understand that the City of Holly Hill is a drug free workplace and that applicants, as a condition for employment are subject to drug testing in accordance with federal, state and local statutes. I consent to the release of information to authorized employees of the City of Holly Hill concerning my capacity, fitness and suitability for the position applied for.

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature (sign in ink): _____ Date: _____

If submitted electronically you may be required to sign this application in person at a later date.



CITY OF HOLLY HILL VETERANS' PREFERENCE CLAIM FORM

Name		Position Applied For		Today's Date
Branch of Service	Date Entered	Date Discharged	Final Rank	Character of Discharge

I am claiming Veterans' Preference based on the following (please check appropriate response):

1. A disabled Veteran who has served on active duty in any branch of the Armed Forces and who presently has an existing service-connected disability which is compensable under public laws administered by the DVA or is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense. You must attach a DD-214 or military discharge papers listing military status, dates of service and character of discharge AND documentation certifying a service connected disability.

2. The spouse of a Veteran: a) who has a total and permanent service-connected disability and who because of this disability, cannot qualify for employment; or b) 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. You must attach evidence of marriage; AND a statement that you are still married to the Veteran; AND a DD-214 or applicable military discharge papers listing military status, dates of service and character of discharge; AND applicable documentation certifying the Veteran has a service connected disability ; AND proof that the disabled Veteran cannot qualify for employment because of the service connected disability; AND IF APPLICABLE, certification that the active duty Veteran is listed as missing in action, captured in the line of duty or forcibly detained or interned in line of duty.

3. A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph. You must attach a DD-214 or military discharge papers listing military status, dates of service and character of discharge.

Wartime periods include:

World War II: December 7, 1941 to December 31, 1946	Operation Enduring Freedom: October 7, 2001 to TBD
Korean Conflict: June 27, 1950 to January 31, 1955	Operation Iraqi Freedom: March 19, 2003 to TBD
Vietnam Era: February 28, 1961 to May 7, 1975	Operation New Dawn: September 1, 2010 to TBD
Persian Gulf War: August 2, 1990 to January 2, 1992	

4. The unremarried widow or widower of a Veteran who died of a service-connected disability. You must attach evidence of marriage; AND a statement that you remain unmarried; AND certification from the DOD or VA that your spouse died as the result of a service-connected disability.

5. The mother, father, legal guardian, or unremarried 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. You must attach certification of your relationship to the Veteran (AND for widows or widowers; that you remain unmarried); AND that the Veteran died while on duty status under combat-related conditions.

6. A Veteran as defined in section 1.01m (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. You must attach a DD-214 or military discharge papers listing military status, dates of service, and character of discharge.

7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard. You must attach a letter from your Commanding Officer stating the dates of your military service to establish that you are currently active.

NOTE: Under Florida law, preference in appointment shall be given to those persons included in category 1 above, then second to 2-5, and then third to 6-7. If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731. 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.



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CITY OF HOLLY HILL E.E.O. INFORMATION FORM CONFIDENTIAL

The City of Holly Hill is an Equal Opportunity Employer and does not discriminate on the basis of race, color religion, sex, age, national origin, disability, veteran status, genetics or any other classification protected under federal law. The following information is requested to assist the City of Holly Hill in analyzing and monitoring its recruitment process in compliance with Federal Equal Employment Opportunity reporting. Although completion of this form is not required, it is encouraged in order to aid the City in our commitment to equal employment opportunity. The information will be kept separately from your application form, and **will not** be used for employment decisions.

Name: _____ Zip Code: _____

Position Applied for: _____ Date: _____

Female: Male: Veteran: Yes: No:

RACE/ETHNIC GROUP (Please check the box that applies):

Hispanic or Latino – Persons of Mexican, Puerto Rican, Cuban or South American or other Spanish culture or origin, regardless of race; or a mix of two or more races where at least one is Hispanic or Latino.

White (Not Hispanic or Latino) – Persons having origins in any of the original peoples of European, North Africa or the Middle East.

Black or African American (Not Hispanic or Latino) – Persons having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino) – Persons having origins in any of the original peoples of North America and South America (including Central America), who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – Persons who identify with more than one of the above races.