



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:



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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:	
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:			



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EMPLOYMENT

May we contact your present employer regarding your record of employment? Yes ☐ No ☐
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 ☐ No ☐
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 ☐ No ☐
If no, please explain:

Employer:

Position Title:

Address:

Supervisors Name and Title:

Telephone No.:

Month:

Year:

Month:

Year:

Starting Annual Salary:

Last Annual Salary:

Describe duties:



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EMPLOYMENT

Reason for Leaving:

May we contact your present employer regarding your record of employment? Yes ☐ No ☐

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:

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:

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:



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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.



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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.