

CITY OF SPRINGFIELD

3529 East Third Street
Springfield, Florida 32401
(850) 872-7570 * (850) 747-5663 fax
www.springfieldfl.gov



APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, gender, religion or National origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age in respect to individuals who are at least 40 years of age but less than 70. Title 1 employment provisions of the Americans With Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

The City of Springfield is a drug free workplace. All selected applicants are required to pass a drug screen prior to employment.

Date of Application: _____

PERSONAL INFORMATION:

First Name: _____ Middle: _____ Last Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____)-_____

Are you eligible to work in the United States? ___ YES ___ NO

Have you ever been convicted in a felony? ___ YES ___ NO

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For: _____

EDUCATION:

Name of School: _____

Degree/Diploma: _____

Skills and Qualifications for position applied: _____

EMPLOYMENT HISTORY:

Employer Name: _____

Address: _____

Supervisor: _____

Phone: (____)-_____

Email: _____

Position Title: _____

From: _____ To: _____

Salary: _____

Responsibilities: _____

Reason for Leaving: _____

Previous Position:

Employer Name: _____

Address: _____

Supervisor: _____

Phone: (____)-_____

Email: _____

Position Title: _____

From: _____ To: _____

Salary: _____

Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present Employer? ____ YES ____ NO

REFERENCES:

Name/ Title/ Address:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

Date: _____