



# City of Key West

Office of Human Resources  
1300 White Street -P.O. Box 1409  
Key West, FL 33041

Telephone (305) 809-3714 / Fax (305) 809-3719

Website: [Cityofkeywest-fl.gov](http://Cityofkeywest-fl.gov)

## Application for Employment

PLEASE PRINT

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

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

CELL PHONE: (     ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

How were you referred to us?

☐ Newspaper ad

☐ School

☐ On my own

☐ Current Employee

☐ Agency

☐ Other

Name of referral source: \_\_\_\_\_

Please note: This application form was designed for use by persons applying for various types of positions clerical, professional, technical, and administrative. Please answer the questions to the best of your ability.

Specific position for which you are applying: \_\_\_\_\_

Do you wish to work: ☐ Full time: ☐ Part time: ☐ Temporary? If part time, specify hours or days: \_\_\_\_\_

What is your minimum weekly salary requirement: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_\_\_

If applicable, do you have a driver's license: \_\_\_\_\_

Type

State

Expires

### SKILLS

Typing speed \_\_\_\_\_ words per min. Typing test attached ☐ Yes ☐ No (Must be attached if required)

Years of Computer experience: \_\_\_\_\_ Type: \_\_\_\_\_

Software: \_\_\_\_\_

Business machines you can operate: \_\_\_\_\_

Other Equipment: \_\_\_\_\_

**THE CITY OF KEY WEST IS A DRUG FREE WORKPLACE,  
EQUAL OPPORTUNITY, AFFIRMATIVE ACTION,  
VETERANS PREFERENCE EMPLOYER**

E-Verify Identification # 1007014

To be considered, a signed completed application AND a signed job description  
**MUST** be submitted to the Office of Human Resources

Revised 12/2016

**EDUCATIONAL DATA:**

SCHOOL	Print Name, Address, City, State & Zip	Year Graduated/ Completed	Course Type/ Major Degree/Certificate
High School			
College			
Trade, Business, or Correspondence			
Other			

**GENERAL INFORMATION**

If hired, are you able to provide us with proof of identification and employment eligibility? ☐ Yes ☐ No

Have you ever been **CONVICTED** of a criminal offense? ☐ Yes ☐ No Date: \_\_\_\_\_

Place: \_\_\_\_\_ Nature: \_\_\_\_\_

**(NOTE: A yes answer will not automatically disqualify you from being considered as a candidate for employment.)**

Have you previously applied for employment with the City? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you previously been employed by the City? ☐ Yes ☐ No If yes, when? \_\_\_\_\_  
In what position(s)? \_\_\_\_\_

Do you have relatives employed here? ☐ Yes ☐ No If yes, please list name(s) department(s) and relationship(s): \_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of emergency:

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

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

**REFERENCES**

**Please list at least (3) three personal references, omitting former employers and relatives.**

Name	Address	Occupation	Telephone

**EMPLOYMENT HISTORY - List all employers**

Please list all previous employers beginning with the present or most recent employer first (use additional sheet of paper if necessary). **(PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT RECORD.)**

EMPLOYED  FROM: _____  TO: _____		Job Title	Employer Name, Address, Telephone:  _____  _____
		Supervisors Name/Title:	
YOUR SALARY		Duties:	
START	END		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYED  FROM: _____  TO: _____		Job Title	Employer Name, Address, Telephone:  _____  _____
		Supervisors Name/Title:	
YOUR SALARY		Duties:	
START	END		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYED  FROM: _____  TO: _____		Job Title	Employer Name, Address, Telephone:  _____  _____
		Supervisors Name/Title:	
YOUR SALARY		Duties:	
START	END		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYED  FROM: _____  TO: _____		Job Title	Employer Name, Address, Telephone:  _____  _____
		Supervisors Name/Title:	
YOUR SALARY		Duties:	
START	END		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYED  FROM: _____  TO: _____		Job Title	Employer Name, Address, Telephone:  _____  _____
		Supervisors Name/Title:	
YOUR SALARY		Duties:	
START	END		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## **MILITARY EXPERIENCE:**

Were you in U.S. Armed Forces? ☐ Yes ☐ No Branch: \_\_\_\_\_

Dates of duty: From : \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation \_\_\_\_\_ Briefly describe your duties: \_\_\_\_\_

Are you a member of the National Guard or a Reserve Unit? ☐ Yes ☐ No Status: \_\_\_\_\_

Are you claiming Veterans Preference ? ☐ Yes ☐ No Are you a resident of the State of Florida? ☐ Yes ☐ No

If you are claiming Veteran's Preference you must provide the following with your application:

1. Veterans, disabled veterans, and spouses of disabled veterans shall furnish a **DD-214**, or military discharge papers or equivalent certificate from the Veterans Administration, listing military status, dates of service and discharge type.
2. Disabled veterans shall also furnish a document from the Department of Defense, Veterans Administration of the Division, certifying that the veteran has a service connected disability.

**NOTE:** The fact that you have served in the military does not automatically entitle you to Veteran's Preference. Florida Department of Veterans Affairs, Division of Veterans Benefits and Assistance, Chapter 55A-7, reads as follows: **"Veteran' or 'wartime veteran' is as defined in Section 1.01 (14), F.S. [Florida Statutes (2013)]. (a) The veteran must have served at least 1 day during a wartime period to be eligible for veterans' preference. Active duty for training shall not be allowed for eligibility. (b) A veteran who has served in a campaign or expedition for which a qualifying campaign badge or expeditionary medal has been authorized (including any armed forces expeditionary medal or global war on terrorism medal) is eligible for preference pursuant to Section 295.07, F.S."** If an applicant claiming veteran's preference for a vacant position believes he or she was not afforded employment preference in accordance with the law/rules, the applicant may file a complaint with the Department of Veterans' Affairs at 9500 Bay Pines Blvd, Room 214, St. Petersburg, Florida 33708. A complaint must be filed within twenty-one (21) days after the notice of hiring decision, or within three (3) months of the date the application was filed with the employer if no notice of selection was given.

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or handicap.)

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## **AGREEMENT**

I CERTIFY THAT ANSWERS GIVEN HEREIN 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.

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, REGULATIONS, AND POLICIES OF THE CITY OF KEY WEST.

I HAVE READ AND SIGNED THE JOB DESCRIPTION FOR THE POSITION IN QUESTION. I UNDERSTAND AND AGREE THAT THE JOB DESCRIPTION MAY BE AMENDED FROM TIME TO TIME. THERE IS NOTHING TO KEEP ME FROM FULFILLING THE DUTIES AS LISTED.

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SIGNATURE OF APPLICANT

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DATE