



In case of emergency notify \_\_\_\_\_  
name relationship

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
# Street City State Zip

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

List the job related skills you possess \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you possess a valid drivers license? Yes \_\_\_\_ No \_\_\_\_ Issued by what state? \_\_\_\_\_

Drivers license type: Non-Commercial \_\_\_\_ CDL \_\_\_\_ Class \_\_\_\_ Expiration Date \_\_\_\_\_

List any endorsements \_\_\_\_\_

### EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
Elementary	_____		5 6 7 8		
High	_____		1 2 3 4	Y / N	
College	_____		1 2 3 4	Y / N	
Other	_____		1 2 3 4	Y / N	

CERTIFICATION	CERTIFICATION NUMBER	TYPE	EXPIRATION DATE

## MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Dates of duty: from \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Duties in service including special training \_\_\_\_\_

## PERSONAL REFERENCES (not former employers or relatives)

NAME & OCCUPATION	ADDRESS (CITY & STATE)	DAYTIME PHONE WITH AREA CODE

## EMPLOYMENT HISTORY

Please list all employment past and present including volunteer experience (temporary and part time).

Account for all periods, including unemployment and service in the armed forces.

If you were employed under a different name, please enter the name in the right hand margin.

### BEGIN WITH YOUR MOST RECENT OR PRESENT EMPLOYER

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code _____	From: _____  To: _____			
NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code _____	From: _____  To: _____			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From:  To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From:  To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From:  To:			

May we contact the employers listed above? \_\_\_\_\_ If we may not contact all employers listed, please indicate by name which one(s) you do not wish us to contact and why:

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The facts set forth in this application for employment are true and correct. I understand that if employed, false statements on the application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# VETERAN'S PREFERENCE SUPPLEMENT

Supplement to employment application Veterans' Preference in Appointment and Retention in Employment Rule, Chapter 55A-7 of the Florida Administrative Code.

Do you wish to claim Veterans' Preference in accordance with the above captioned rule?

Yes \_\_\_\_ No \_\_\_\_

If yes, please complete the following questions, date and sign this supplement  
If no, please check no, date and sign this supplement.

Have you claimed veterans' preference with an employer since October 1, 1987?

Yes \_\_\_\_ No \_\_\_\_

Were you employed by the City of Leesburg prior to entering the military service?

Yes \_\_\_\_ No \_\_\_\_

Have you been employed by any State, County, City, agency or public subdivision of the State since leaving military service?

Yes \_\_\_\_ No \_\_\_\_

If yes, name and address of employer: \_\_\_\_\_

Dates of employment (from) \_\_\_\_\_ (to) \_\_\_\_\_

Are you a disabled veteran who has served on active duty and who has a presently existing service connected disability which is compensable under public law administered by the Veterans Administration?

Yes \_\_\_\_ No \_\_\_\_

Are you a veteran who has served at least one day during a wartime period as defined in Chapter 295.07 Section 1.01?

Yes \_\_\_\_ No \_\_\_\_

The dates of my military service were from \_\_\_\_\_ to \_\_\_\_\_.

The branch of my military service was \_\_\_\_\_.

Were you separated from the military service of the United States with an honorable discharge?

Yes \_\_\_\_ No \_\_\_\_

Were you ever classified by any branch of the armed forces of the United States as a deserter?

Yes \_\_\_\_ No \_\_\_\_

Are you the spouse of any person who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment?

Yes \_\_\_\_ No \_\_\_\_

Are you the spouse of any person who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power?

Yes \_\_\_\_ No \_\_\_\_

Are you the unremarried widow or widower of a veteran who died of a service-connected disability?

Yes \_\_\_\_ No \_\_\_\_

I understand that an applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with the aforementioned rule, may file a complaint with the Florida Division of Veterans Affairs, PO Box 1437, St. Petersburg, FL 33731 requesting and investigation. When notice of a hiring decision is given by a covered employer, the complaint shall be filed within 21 calendar days from the date the notice is received by the applicant. I further understand that if the Florida Division of Veterans Affairs finds the complaint to be valid and the complainant and the employer fail to reach a satisfactory resolution, the complainant may petition the Public Employees Relations Commission for a hearing.

**I understand when claiming veterans' preference I am responsible for providing required documentation at the time of making application for a vacant position. Documentation for veterans' preference shall include the following:**

1. Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document commonly known as form DD214 or military discharge papers or equivalent certification for the Veterans Administration listing military status, date of service and discharge type.
2. Disabled veterans shall also furnish a document from the Department of Defense, the Veterans Administration or the Division of Veterans Affairs certifying that the veteran has a service-connected disability.
3. Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the Veterans Administration that the veteran is totally and permanently disabled or an identification card issued by the Division of Veterans Affairs; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
4. Spouses of persons on active duty shall furnish a document from the Department of Defense or the Veterans Administration certifying that the person on active duty is listed as missing in action, captured in the line of duty or forcibly detained or interned in the line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is not remarried.
5. The un-remarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.
6. Spouses of persons eligible to claim preference under Section 55A-7.008(2) shall furnish certification from the Veterans Administration that the veteran has a service-connected disability.
7. All documents specified in the section must clearly indicate that they are originals or certified copies of originals.

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Applicant's Signature

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Date

**\*\*All applicants must sign acknowledging availability of the Veterans' Preference employment policy\*\***

## EMPLOYMENT APPLICATION DRUG POLICY STATEMENT

A drug-free work place policy has been adopted by the City of Leesburg in accordance with Section 440.102, Florida Statutes.

It is the policy of the City of Leesburg to ensure a drug-free work place. Employees are required to refrain from the use of drugs and from possessing, distributing, dispensing or being under the influence of drugs while at the work place. Persons who unlawfully use, possess, distribute or dispense drugs, or who are under the influence of illegal drugs while in the work place are deemed not suitable for employment. Any employee or job applicant who refuses to submit to a drug test shall be subject to discipline or discharge by the City in the case of an employee, or refusal to hire by the City of any job applicant.

Certain employees of the City of Leesburg fall within the purview of the collective bargaining agreements between the City and the Professional Firefighters of Leesburg. The relevant articles in these bargaining agreements shall prevail in the cases of conflict between this policy and the bargaining agreements until such time as the bargaining agreements expire. An employee who is disciplined may pursue any applicable remedy or appeal pursuant to the agreements with the Public Employees Relations Commission, the City or an applicable court.

The City will conduct the following types of drug tests as authorized by Florida Statutes and pursuant to City Policy: Job Applicant Testing; Reasonable Suspicion Testing; Routine Fitness for Duty Testing; and Follow-Up Testing. Certain departments/positions are governed by the Department of Transportation 49 CFR Part 199 and 49 CFR Part 40 regulations and the Federal Highway Administration 49 CFR Parts 382 and 391 and are also subject to random and post-accident testing.

Employees and job applicants who are using prescription and non-prescription medication may report such facts to the City before or after being tested by a signed, dated letter to his/her department supervisor or the Human Resources Director, as the case may be. A list of the most common medications which may alter or affect a drug test may be obtained from the office of the Human Resources Director.

Employees and job applicants have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication. The name and address of the laboratory conducting the drug testing will be provided to the applicant/employee at the time of the test. It is the employee's or job applicant's responsibility to notify the laboratory of any administrative or civil actions brought pursuant to the Drug-Free Work Place Policy.

An employee or job applicant who receives a positive confirmed drug test result may submit information to the City contesting or explaining the results within 5 working days after written notification of the positive test result.

The names, addresses, and telephone numbers of local employee assistance programs and alcohol and drug rehabilitation programs are made available to employees through the City Human Resources Office.

All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the City through a drug testing program are confidential communications and will not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceeding, except in accordance with Section 440.102, Florida Statutes; in determining compensability under Chapter 440, Florida Statutes, or pursuant to Florida's Public Records Act.

The following is a list of the drugs for which the City may be test, described by brand names or common names, as applicable, as well as by chemical names:

**DRUGS**

**TRADE OR COMMON NAMES**

Alcohol

Narcotics

Opium	Dover's Powder, Paregoric, Parepectolin
Morphine	Morphine, Pectoral Syrup
Codine	Tylenol with Codeine, Empirin Compound with Codine, Robitussin A-C
Heroin	Diacetylmorphine, Horse, Smack
Hydromorphone	Dilaudid
Meperidine (Pethidine)	Demeoral, Mepergan
Other Narcotics	LAAM, Leritine, Numorphan, Percodan, Tussionex, Fentanyl, Darvon, Talwin, Lomotil

Depressants

Chloral Hydrate	Noctec, Somnos
Barbiturates	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate
Benzodiazepines	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Traxene, Valium, Verstran, Halcion, Paxipam, Restoril
Methazualone	Quaalude
Glutethimide	Doriden
Other Depressants	Equanil, Miltown, Noludar, Placidyl, Valmid

Stimulants

Cocaine	Coke, Flake, Snow, Crack
Amphetamines	Biphetamine, Delcobese, Desoxyn, Dexedrine, Mediatric
Phenmetrazine	Preludin
Methylphenidate	Ritalin
Other Stimulants	Adipex, Barcarate, Cylert, Didrex, Ionamin, Pelgine, Pre-Sate, Sanorex, Tnuate, Tepanil, Voranil

Hallucinogens

LSD	Acid, Microdot
Mescaline and Peyote	Mexc, Buttons, Cactus
Amphetamine, Variants	2, 5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB
Phencyclidine	PCP, Angel Dust, Hog
Phencyclidine Analogs	PCE, PCPy, TCP
Other Hallucinogens	Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn

Cannabis

Marijuana	Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks
Tetrahydrocannabinol	THC
Hashish	Hash
Hashish Oil	Hash Oil

Propoxyphene

Darvocet, Darvon N, Dolene

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND ACKNOWLEDGE THAT THE CITY OF LEESBURG IS A DRUG-FREE WORKPLACE.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# PERMISSION FOR JOB BACKGROUND INVESTIGATION AND RELEASE FORM FOR CONSUMER REPORTS

I, the undersigned Applicant, agree and authorize the City of Leesburg to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that the City of Leesburg will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by the City of Leesburg to furnish the above-mentioned reports at any time during my employment with the City of Leesburg.

I have the right to make a request of the credit reporting agency, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment with the City of Leesburg.

Print your name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Drivers License - State: \_\_\_\_\_ Number: \_\_\_\_\_

*For Identification Purposes:*

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Race: \_\_\_\_\_ Gender \_\_\_\_\_

Other or former names: \_\_\_\_\_

Professional License - State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Witness Name

**Application will be considered as incomplete if applicant's signature is not witnessed**

# Leesburg Fire Department Tobacco Affidavit

I, \_\_\_\_\_, do hereby affirm that  
Name (type or print)

I have not been a user of tobacco products for at least one (1) year immediately preceding my application for employment as a firefighter, in accordance with Section 633.34(6), Florida Statutes. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

\_\_\_\_\_  
Signature of applicant

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
(Name of person acknowledged)

( ) who is personally known to me, or ( ) who has provided \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

Notary Seal

## CITY OF LEESBURG, FLORIDA SOCIAL SECURITY NUMBER COLLECTION POLICY

Florida Statute 119.071(5) provides that a "commercial entity" engaged in performance of a "commercial activity" may access Social Security numbers through a public records request under specified conditions. The statute provides definitions of "commercial entity" and "commercial activity" and provides a list of requirements the commercial entity must meet in order to access Social Security numbers.

The City of Leesburg, Florida is required to have a written Social Security number collection policy. This policy must be provided to an individual when the City of Leesburg collects that individual's Social Security number.

Social Security numbers collected by an agency may not be used by the agency for any purpose other than the purpose provided in the written statement.

All public records requests for Social Security numbers must be referred to the City Clerk.

The City of Leesburg, Florida, collects your social security number for any of the following purposes:

- (1) Classification of accounts, Identification and verification, Credit worthiness, Billing and payments, Data collection, reconciliation, tracking benefit processing, tax reporting;
- (2) To facilitate collection of debts on past due accounts including utility accounts;
- (3) To conduct credit checks on potential utility customers
- (4) To verify identity
- (5) To render IRS Form 1099 to persons for whom Federal law requires the City to issue that form;
- (6) To conduct background checks on possible vendors, employees, or independent contractors
- (7) To complete fingerprint cards as necessary
- (8) For arrest warrants or affidavits
- (9) For issuance of taxi or peddler/solicitor permits
- (10) For checks and confirmations of warrants
- (11) For suspect reports
- (12) For credit counseling
- (13) For mortgage applications
- (14) For SHIP applications for down payment assistance through Lake County
- (15) For the following purposes related to Human Resources Department:
  - a. Applicant Tracking
  - b. Child Support Enforcement
  - c. Internal Revenue Service Levies
  - d. Savings Bonds
  - e. Insurance coverage
  - f. Payroll deductions
  - g. Employee evaluations
  - h. Pension and benefits
  - i. Workers Compensation
  - j. Verification of employment
  - k. ICMA (International City Manager Association) Pension or Benefit payments
  - l. Unemployment taxes and quarterly reports
  - m. Collection and remittance of taxes
  - n. Personnel Identification
  - o. Computer Purchase Agreements
  - p. Family Medical Leave Act paperwork
  - q. General Personnel Matters

Social Security numbers are also used as a unique numeric identifier and may be used for search purposes. Social Security numbers will not be disseminated to the public except as provided by applicable State of Florida and Federal law as now in effect or as hereafter amended.

**SOCIAL SECURITY NUMBER COLLECTION POLICY**

**I have received the City of Leesburg's Social Security Number Collection policy as prescribed by Florida Statute 119.071(5)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date Received**