



**CITY OF EDGEWOOD**  
**Part-Time Administrative Assistant**  
**405 Bagshaw Way Edgewood, FL 32809**  
**(407) 851-2920**

**\*\*All Applicants Note\*\*** Employment application, attachments and the information contained therein, are public records and under the Florida public records act chapter 119 Florida statutes, may be releasable upon request, unless an exemption applies [F.S. 119.071] (Exemption form provided).

The City of Edgewood is an equal opportunity employer that does not discriminate on the basis of race, color, religion, sex, gender, sexual orientation, gender identity, pregnancy, national origin, age, disability, political affiliation, genetic information, marital status or veteran status, or other legally protected status not job related.

PLEASE PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered.

**If you require accommodations in order to complete this application, please contact City Hall.**

**Position Applied For**

Full Time/Part Time

Date Available to Work

<input type="text"/>	<input type="text"/>
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**Contact Information:**

Last Name

First name

Middle Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile Phone

Home Phone

<input type="text"/>	<input type="text"/>
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Email Address

**Personal Information:**

Other names under which you have attended school or been employed

Date of Birth

Sex

Race

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*(For Statistical and Criminal History Purposes only)*



Have you ever filed an application with the City of Edgewood of Edgewood Police Dept. before?

- Yes  No

Have you ever been employed by the City of Edgewood of Edgewood Police Dept. before?

- Yes  No

If yes, Position title

Dates employed

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Are you currently employed?

- Yes  No

May we contact your current employer?

- Yes  
 No

Have you ever been discharged or asked to resign from any position?

- Yes  No

If yes, give details. \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

- Yes  No

Do any of your friends or relatives work here?

- Yes  No

If yes, provide the following:

Full name of friend/relative	Department	Relationship

Driver's License Number

Type of License:

- Driver's  Chauffeur's  CDL – Class: \_\_\_\_\_ State: \_\_\_\_\_

Is your license now or has it ever been suspended or revoked?

- Yes  No

If yes, what year? \_\_\_\_\_ In what state? \_\_\_\_\_ Why? \_\_\_\_\_



**Check Status:**

- Citizen of the United States
- Legal Alien (Alien Number \_\_\_\_\_)  
(Proof of U.S. Citizenship or Immigration status will be required upon employment.)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \*  
Proof of citizenship or Immigration status will be required upon employment.

- Yes  No

Can you travel if required? \*

- Yes  No

Do you have proof of your legal right to work in the US?

- Yes  No

Have you ever served in the U.S. Armed Forces?

- Yes  No If yes, complete the following:

Branch of Service	Enlistment Date	Discharge Date	Type of discharge

**DO YOU CLAIM VETERAN'S PREFERENCE?** (Attach proof of eligibility with each application)

- Yes  No If yes, please specify: \_\_\_\_\_

- As a veteran of any war (as defined in the rules of Div. Of Veteran's Affairs). **You must attach a DD-214.**
- As a veteran with a compensable service connected disability. **You must attach proof of disability from Division of Veteran's affairs or Department of Defense.**
- As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability.  
As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or who is missing in action, captured or forcibly detained by a foreign power

*If you feel you did not receive veteran's preference in accordance with Florida Administrative Code, you have the right to an investigation by filing a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731. Phone: (813) 898-4443, within 21 days from the date you received notification that a non-preference applicant was appointed.*

**Law Violation Record:**

Have you, as an adult over the age of 18, ever been convicted, placed on probation, received a suspended sentence, or forfeited bail in connection with any offense (except minor traffic violations) in any civilian or military court?

- Yes  No



Show all convictions; including driving while intoxicated convictions.

OFFENSE	DATE	PLACE	SENTENCE OR FINE

**Work:** List below all jobs for the last ten (10) years; include prior experience, if relevant. List paid and volunteer experience; include exact dates of military service. List specific duties, skills and equipment operated and supervisory experience.

Use additional sheets of paper as necessary. A resume may be used to supplement but not substitute application information

<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	
<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	
<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	
<b>CURRENT OR LAST EMPLOYER:</b>		<b>From: (mo.)</b>	<b>(yr.)</b>
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	
<b>APPLICANT CERTIFICATION – READ CAREFULLY BEFORE SIGNING:</b> I hereby certify that each answer to the			



questions herein and all other information furnished is true and correct. I further certify that all such answers and information constitutes full and complete disclosure of my knowledge with respect to the question or subject matter. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge at any time. If employed by the City of Edgewood, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers, schools and character references to give any information regarding my employment and to furnish any other information they may have concerning me. I understand that final approval of employment **may** depend upon satisfactory completion of a criminal background check, consumer credit check report, driver's license verification, and a post-offer employment physical examination, including a drug/alcohol screen per F.S. 112.0455.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Education:**

What is your highest level of education?  
 High School, College/University, Graduate School, Professional

Named and Location of high school and/or College	Area of Study	Years Completed	Degree

Did you graduate?

- Yes  No

**Certificates and Licenses**


**Special Skills, Aptitudes and Other Qualifications:**

Typing speed/Data Entry (WPM or KPH)	
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Office machines you operate efficiently:

- Printer/Scanner  Computer  Business Phone System  Other: \_\_\_\_\_

What type of Computer/Software do you have experience operating?

For example: Excel, PowerPoint

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Languages

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Other Skills, Honors, Awards

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**References:** List three (3) references who are not relatives.

<b>Reference 1:</b>		
<b>Name:</b>	<b>Address:</b>	<b>Phone</b>
<b>Occupation:</b>		<b>Years Known:</b>

<b>Reference 2:</b>		
<b>Name:</b>	<b>Address:</b>	<b>Phone</b>
<b>Occupation:</b>		<b>Years Known:</b>

<b>Reference 3:</b>		
<b>Name:</b>	<b>Address:</b>	<b>Phone</b>
<b>Occupation:</b>		<b>Years Known:</b>

Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's background. Use the space below to provide any additional information necessary to describe your full qualifications for the position(s) applied for.

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**City of Edgewood, Orange County, Florida  
Personnel Identifying Information Exemption**

1.  I am an active or former law enforcement personnel, including correctional and correctional probation officers personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.  
 I am the spouse or child of any of the above.
2.  I am a firefighter certified in compliance with §633.35  
 I am the spouse or child of any of the above.
3.  I am a justice of the Supreme Court, district court of appeal judge, circuit court judge, or county court judge.  
 I am the spouse or child of any of the above.
4.  I am a current or former state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor.  
 I am the spouse or child of any of the above.
5.  I am a current or former human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiations, administration, or other personnel-related duties.  
 I am the spouse or child of any of the above.
6.  I am a current or former United States attorney or assistant United States attorney.  
 I am the spouse or child of any of the above.
7.  I am a current or former judge of the United States Courts of Appeal, United States district judge, or United States magistrate judge.  
 I am the spouse or child of any of the above.
8.  I am a current or former code enforcement officer.  
 I am the spouse or child of any of the above.
9.  I am a current or former guardian ad litem as defined in §39.820 (Written statement required)  
 I am the spouse or child of any of the above.
10.  I am victim of a crime recognized §741.465 or §741.4651 and my name, address and telephone numbers are exempt from public disclosure pursuant to those Statute.
11.  Other. \_\_\_\_\_  
(Include statutory authority).

***Under penalty prescribed by law, I hereby certify by my signature below, that all information checked above is true and correct as it applies to me.***

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

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

Signature: \_\_\_\_\_