



GENERAL INFORMATION

Equal Employment Opportunity

The City of New Port Richey is firmly committed to equal employment opportunity and does not discriminate in any employment related decisions on the basis of race, color, national original, sex, sexual orientation, age, disability, or other similar factors that are not job-related.

Job Announcements

The Department of Human Resources compiles a weekly listing of employment opportunities. All "open" positions can be viewed by visiting our website at www.cityofnewportrichey.org or by listening to our Job Hotline at 727-853-1027.

Acceptance of Applications

The City of New Port Richey accepts applications via mail, fax or hand delivery to:

City of New Port Richey
Attn: Human Resources
5919 Main Street
New Port Richey, FL 34652
Fax: 727-853-1043

Applications: Applications **MUST BE FILLED OUT** in its entirety. Incomplete applications will be cause for "rejection" and will not be processed. **Applications will not be accepted that are not completed and say "see resume."** A separate application is required for each position open in which the applicant has expressed an interest.

Resumes: Resumes are typically filed with applications. They will not replace the application which is required by the City of New Port Richey. Should an interested candidate respond to a job vacancy through an initial resume, an application filled out in its entirety will be required in order to receive an interview and proceed to the next step of the interview process.

Special Note: Due to the large volume of applications/resumes received, interested candidates should refrain from contacting the City to verify status of applications. Qualified candidates will be contacted when appropriate.

Degrees/Certifications: If a particular position requires a college degree, a specific certification in a certain area, or other minimum job-related requirements, such required documentation **must** accompany the application. Failure to do so will result in the application being rejected from further consideration.

Employment Examinations: The City of New Port Richey by charter has an examination process for every selection and promotion process. The examination is a collection of processes that can include but is not limited to interviews, practical exams, assessment centers, knowledge and proficiency tests. The City may administer these pre-employment processes such as typing tests, or job-related tests which assess the proficiency of certain skills associated with certain positions. All candidates selected as eligible to proceed to such examinations will be required to submit to testing. Refusal to submit to such examinations will be reason for rejection and the candidate will not be considered for further processing in the application process.

Reasonable Accommodations

When requested, the City of New Port Richey is pleased to make reasonable accommodations for applicants with disabilities. Applicants requiring reasonable accommodations to the application and/or interview process should notify the Department of Human Resources by calling 727-853-1026.

Drug Free Work Place

The City of New Port Richey supports a drug free work place. All applicants will be required to take a drug test after a conditional offer of employment is made and accepted. Employment will then be contingent upon successful completion/results of such drug test as well as successful completion of other pre-employment background information. For certain positions, random drug testing may be conducted.

Veteran's Preference

Applicant must submit a copy of DD form 214 or military discharge papers or equivalent certification from the VA listing military status, dates of service, and discharge type: must be a Florida resident; and must meet the minimum qualifications as listed on the job description/announcement in order to receive preference. Position Applied For_____.

- A. Are you claiming veteran's employment preference? ___ **Yes** ___ **No** If you answer NO, stop here. If you answer YES, please complete all applicable information below.
- B. Please check one of the following which describes your Veterans' Preference claim.
1. ___ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under the public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
 2. ___ The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
 3. ___ The unremarried widow or widower of a veteran who died of a service-connected disability.
 4. ___ A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.

Wartime is defined as: (a) Korean Conflict: June 27, 1950, to January 31, 1955. (b) Vietnam Era: February 28, 1961, to May 7, 1975. (c) Persian Gulf War: August 2, 1990, to January 2, 1992. (d) Operation Enduring Freedom: October 7, 2001, and ending on the date therefore prescribed by presidential proclamation or by law. (e) Operation Iraqi Freedom: March 19, 2003, and ending on the date therefore prescribed by presidential proclamation or by law.

5. ___ A veteran who has received the Armed Forces Expeditionary Medal (AFEM).

Notice of Due Process: If an applicant claiming veteran's preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veteran's Affairs (FDVA), Mary Grizzle Building, Suite 332-A, 11351 Ulmerton Road, Largo, Florida 33778-1630. A complaint must be filed within twenty-one days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the application being filed with the employer if no notice is given.

Loyalty Oath

Section 876.05, Florida Statutes, prescribes an oath that must be taken as a minimum requirement for elected public service. It is given to those who are elected or serve as employees of sub divisions of state government. **You will be asked to fill an oath out if you are hired as an employee of the City.** The statute originally was adopted in 1949 and was revised by the 1983 Legislature to delete those portions of the oath that had been judicially invalidated and eliminated by the state and federal courts.

The statute currently prescribes the following language for the oath:

"I, _____, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of _____ and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida."

The language of the oath clearly provides an option to those for whom swearing is not acceptable: those individuals may affirm that they will support the Florida and United States Constitutions.

The provisions of the statute apply to all employees and elected officers of the state, including the Governor and constitutional officers and all employees and elected officers of all cities, counties, and political subdivisions, including the school system.

Social Security Number

In compliance with Florida Statute 119.071(5), this document serves to notify you of the purpose for the collection of your Social Security number. The City of New Port Richey collects your Social Security number for all associated employment purposes, which may include but are not limited to the following:

- Identification and Verification, Credit Worthiness, Data Collection (background screens, reference checks, etc.) Tax Reporting, New Hire Reporting, Florida Retirement Contribution Reports (FL Dept of Revenue)
- Payroll Withholding Reporting, Federal I-9 ((Department of Homeland Security)
- Federal W4, W2, 1099 (Internal Revenue Service Federal Social Security Taxes)
- Quarterly Unemployment Reports (FL Dept of Revenue), Direct Deposit Files, Workers' Comp Claims
- Group Health, Life, Dental and Vision enrollment and various supplemental insurance deduction reports

Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

Providing your Social Security number is a condition of employment. The City shall secure your Social Security number from unauthorized access and shall not release your Social Security number to unauthorized parties.

Social Security numbers may be disclosed to another agency or governmental agency if disclosure is necessary for the receiving agency to perform its duties and responsibilities.

The City of New Port Richey would like to take this opportunity to thank you for your interest in our City and our organization. It is our desire to "hire the best" and we welcome you to take advantage of our employment opportunities by submitting an application and/or resume in consideration of bringing your talents and skills to our City.

Your signature below acknowledges that you have read and understand the above information and requirements.

Signature of Applicant

Date

City of New Port Richey
Department of Human Resources
5919 Main Street
New Port Richey, 34652
(727)853-1026; Fax (727) 853-1043



www.cityofnewportrichey.org
Job Line (727) 853-1027
Human Resources
"Developing Our Most Important Resource:
Our Human Resource"

City of New Port Richey Application for Employment

Name _____ Tracking # _____

Street Address _____ City _____ State/Zip _____

Telephone # (____) _____ Other Phone # (____) _____ Email Address _____

Position applied for (List only one position) _____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> City's Website _____ |
| <input type="checkbox"/> Referral _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is ... _____ : _____ **AM**
_____ **PM**

May we contact you at work? Yes No

If **yes**, work number and best time to call:

(____) _____ : _____ **AM**
_____ **PM**

Have you submitted an application here before? ... Yes No

Have you ever been employed by the City before? Yes No
If **yes**, please give dates of employment:

from: _____ to _____

Do you have a relative who is employed here? Yes No

If **yes**, who? _____

Are you legally eligible for employment in this country? Yes No

Date available to work: _____

Will you accept the listed salary for this position? Yes No

If not what is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Driver's license number required if driving is a condition for the job in which you are applying:

Driver's license # _____

State _____

Have you ever been bonded? Yes No

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or have committed or been convicted of a crime? Yes No

If **yes**, please provide date (s) and details: _____

Employment History-starting with your most recent employer, provide the following information:

Employer	Telephone #	Month	Year	Month	Year
		Dates employed: / to /			
Street Address		City		State/Zip	
Starting job title/final job title		Starting job salary/final job Salary			
		\$ _____ \$ _____			
Immediate supervisor and title (for most recent position held)					
Why did you leave?					
Summarize the type of work you performed.					
What did you like most about your position?					
What were the things you liked least about the position?					
Employer	Telephone #	Month	Year	Month	Year
		Dates employed: / to /			
Street Address		City		State/Zip	
Starting job title/final job title		Starting job salary/final job Salary			
		\$ _____ \$ _____			
Immediate supervisor and title (for most recent position held)					
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		Dates employed: / to /			
Street Address		City		State/Zip	
Starting job title/final job title		Starting job salary/final job Salary \$ _____ \$ _____			
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Street Address		City		State/Zip	
Starting job title/final job title		Starting job salary/final job Salary \$ _____ \$ _____			
Immediate supervisor and title (for most recent position held)					
Why did you leave?					
Summarize the type of work you performed.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employment History (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?Yes No

If yes, please explain _____

Skills and Qualifications

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes.)

Microsoft Word Excel PowerPoint Access Publisher Windows 7 Internet

Other _____

Educational Background

Starting with your most recent school attended, provide the following:

School (include City and State/Zip)	Years Completed	Completed	GPA Class Rank	Major/Minor

References

List the name and telephone number of four business/work references who are not related to you and are not previous Supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude membership that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental, or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the City or its agents to conduct a thorough investigation into my current or prior employment and any other area of my background, including criminal background (regardless of adjudication) which the City believes relevant to my employment. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I acknowledge that any false information provided by me to the City or by others at my direction, either on this application or otherwise, shall constitute grounds for immediate discharge, regardless of when the false information is discovered by the City. Similarly, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which is deemed by the City to be unsatisfactory shall constitute grounds for immediate discharge, also regardless of when discovered. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that the City may require a medical or other examination at the time an employment offer is extended and may condition an offer of employment on the successful completion of that examination. Employees and applicants are also subject to drug and alcohol testing in accordance with City policy. Polygraph examinations may also be required by the City where permissible by law.

Finally, this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager or designee.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____

EEO-1 Ethnicity and Race Categories	Descriptions
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African-American (Not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
Asian (Not Hispanic or Latino)	A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
American Indian or Alaskan Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races.

7. Birthdate: _____