CITY OF SPRINGFIELD
HR Department

1121 Transmitter Rd
Springfield, FL 32401
(850) 872-7570

Application for Employment

Completed applications may be submitted to the City by email, fax, or mail to address above:

Email: lmiller@springfield.fl.gov

Fax: (850) 872-7663

Date: _____ Position Applied For: _____

PERSONAL INFORMATION:

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____)_____ Date of Birth:_____

Email: _____

Are you eligible to work in the United States? Yes _____☐ No_____

Do you have a relative that currently works for the City of Springfield? Yes_____☐No _____

If so, list his/her name, relationship and department, if known:

_____

Have you been convicted of a crime, pled nolo contendere, plead guilty to a crime, or had adjudication of guilt withheld for a crime? Yes_____☐ No_____

If yes, please explain:

_____

_____

EDUCATION:

Name of School	City, State	Degree/Diploma	Graduation Date

Skills and Qualifications for position applied: _____

_____

EMPLOYMENT HISTORY:

Current Position:

Employer: _____ Address:_____

Supervisor: _____ Phone: _____

Position Title: _____ Email: _____

From: _____ To: _____ Hours Per Week: _____

Beginning Salary: _____ Ending Salary: _____

Responsibilities:_____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes ☐ No _____

Previous Position:

Employer: _____ Address:_____

Supervisor: _____ Phone: _____

Position Title: _____ Email: _____

From: _____ To: _____ Hours Per Week: _____

Beginning Salary: _____ Ending Salary: _____

Responsibilities:_____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

References (Name/Title Address Phone):

_____

_____

_____

The City Of Springfield is an Equal Opportunity Employer.

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

By signing below, 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 City of Springfield to conduct a pre-employment drug screen and to the verify any or all information listed above.

Applicant Name (please print):_____

Applicant Signature: _____ Date: _____