

City of Leesburg Human Resources Department – INTERNAL APPLICATION FORM

ONE of the following: Transfer Promotion Reassignment Recall

Position Applying For _____ Department _____

Promotional Bulletin Date: _____ SSN ____/____/____

Last Name _____ First Name _____

Home Address _____

City _____ Zip Code _____ Home # _____ Work # _____

Relatives in Hiring Department? YES NO If YES, give name and relationship

Are you able to work shifts? YES NO Weekends? YES NO

Highest Grade Completed/GED _____ Degree _____ Major _____

Valid Florida Driver's License? YES NO Class _____ Endorsement _____

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification or for dismissal from employment in accordance with the City of Leesburg Personnel Policy.

Employee Signature _____ Date _____

Current Job Title/Department _____ Dates Employed
From: _____ To: _____
Hours Worked Per Week: _____

Duties: _____

Please attach **RESUME** or additional job history sheet if needed. Include all relevant work history and a copy of required **CERTIFICATION/DOCUMENTATION**. Personnel file will NOT be reviewed. Continued on Back Side.

Date of Interview _____ Time _____ Phone # _____

Interviewer's Name _____ Interview Location _____

Remarks _____

Selected for Hire: YES NO Interviewer's Signature _____

Human Resources Representative Signature _____ CDL Test Required:
 YES NO Effective Promotion Date: _____

WORK HISTORY . Please list ALL employment and volunteer experience including temporary and part-time. Personnel File will not be reviewed. Account for all periods, including unemployment and service in the Armed Forces. If more than one position was held with the same employer, list information in the next block(s). If you were employed under a different name, please enter that name in the right hand margin. (Please attach Resume or additional Job History.)

Past Employer		DATES EMPLOYED	
		From: _____	To: _____
Address (Number and Street)		Phone Number	Supervisor's Name
		()	
City	State	Zip Code	Your Job Title:
Reason for Leaving or Considering Leaving:		Hours Worked Per Week:	
Duties:		SALARY	
		Starting	Ending
		\$ _____	\$ _____
Number of Employees Supervised (if applicable)		Per _____	Per _____

Past Employer		DATES EMPLOYED	
		From: _____	To: _____
Address (Number and Street)		Phone Number	Supervisor's Name
		()	
City	State	Zip Code	Your Job Title:
Reason for Leaving or Considering Leaving:		Hours Worked Per Week:	
Duties:		SALARY	
		Starting	Ending
		\$ _____	\$ _____
Number of Employees Supervised (if applicable)		Per _____	Per _____

Past Employer		DATES EMPLOYED	
		From: _____	To: _____
Address (Number and Street)		Phone Number	Supervisor's Name
		()	
City	State	Zip Code	Your Job Title:
Reason for Leaving or Considering Leaving:		Hours Worked Per Week:	
Duties:		SALARY	
		Starting	Ending
		\$ _____	\$ _____
Number of Employees Supervised (if applicable)		Per _____	Per _____