



Circle one of the choices below:
 Promotion
 Transfer
 Voluntary Demotion

Date Recv'd: _____

MINI-APPLICATION FOR CURRENT CITY OF CLEARWATER EMPLOYEES ONLY

Instructions: please print or type. Complete all items; mark N/A to questions that are not applicable. Incomplete applications or false answers may result in loss of employment opportunities. Resumes may be attached.

Position applying for: _____ Req #: _____

PERSONAL INFORMATION		
Last Name, First Name, Middle Initial	Phone/Contact #	City ID #
Job Title	Department	
Supervisor (Name/Title)	Work Phone	
Home Address/City		

RECORD OF EDUCATION

Highest Education Level Attained: Less than HS Some College Some Graduate School
 HS or Equivalent 2 Year Degree Master's Degree
 Technical Bachelors Degree Doctorate

School Type	School Name and State	Date Last Attended	Graduated		Degree	Major Field of Study
			Yes	No		
High School						
Undergrad College						
Grad School						
Tech, Vocational						

DRIVER LICENSE INFORMATION

Do you have a valid driver's license? Yes No License #: _____
 State: _____ Class: _____ Expiration Date: _____
 Has your driver's license been suspended or revoked within the past five (5) years? _____

LICENSES - CERTIFICATIONS

Type of License	Number	Issue Date	Expiration Date	State
Issued by:		In process of being renewed?		

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EMPLOYMENT HISTORY

Start with your present job with the City and work back. Include at least the last 10 years of employment history. Additional employment history can be submitted on the City of Clearwater's "Additional Position Information" sheet.

1.	City of Clearwater Job Title:	Start Date	Hours/Week	Current Salary Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>
Description of duties and responsibilities				

2.	Employer:	Address, City, State, Zip		
Position Held		Supervisor's Name & Title		Phone #
Start Date		End Date		Hours/ week
				Ending Salary Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>
Reason for Leaving				
Description of duties and responsibilities				

3.	Employer:	Address, City, State, Zip		
Position Held		Supervisor's Name & Title		Phone #
Start Date		End Date		Hours/ week
				Ending Salary Hour <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/>
Reason for Leaving				
Description of duties and responsibilities				

Describe any computer or technical skills/experience that you have that relate to the position you are applying for: _____

List any additional information you would like us to consider when reviewing your application, including any language skills that you possess: _____

Test/Training and Experience Questionnaire Information: *Certain positions require testing and/or additional questionnaires to be completed. Check the job posting to see if the position you are applying for requires a test or questionnaire. You will not be considered eligible without an appropriate test score or questionnaire on file.*

I hereby certify that all statements made on this addendum are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____