

**CITY OF SUNRISE  
HUMAN RESOURCES  
10770 W. Oakland Park Blvd.  
Sunrise, Florida 33351**



**YOUR EMPLOYMENT APPLICATION SHOULD BE FILLED IN AS COMPLETELY AS POSSIBLE. YOU MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:**

Your past ten (10) years of employment.

Addresses and telephone numbers of all employers.

Specific job duties for each job on the application (**do not write "See Resume"**).

If you are currently employed, list your reason for seeking a new position under the "Reason for Leaving" section.

How you meet the minimum requirements listed on the job posting. **ALL** of the minimum requirements for a position must be met in order to be considered. Be specific.

**IN ADDITION, COPIES OF THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION: (No copies will be made by the Human Resources Department.)**

Birth Certificate

Proof of Education (copy of diploma or transcript for highest level of education)

Basic Recruit Certificate (if applicable)

Driver's License (must be valid)

Social Security Card

Current test results for the C.J.B.A.T. from any Florida testing facility and current results for the physical agility and swim tests given at Broward College Institute of Public Safety (see [www.broward.edu/ips](http://www.broward.edu/ips) for more information). These requirements are waived at time of application for those applicants residing more than 100 miles from Broward County.

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**IMPORTANT NOTICES**

**It is up to the Police Department to contact candidates for interviews. Due to the large number of candidates, the City will only be able to notify you if you are considered for further processing.** Applications will be reviewed by the Human Resources Department within two (2) weeks and forwarded to the Police Department. Applicants selected to process for the position can expect the hiring process to take between two (2) and six (6) months. Applicants not selected will be eligible to re-apply one (1) year from date of original application.

Any falsification of information on this application shall be sufficient cause for rejection or dismissal from employment.

As part of our commitment to a Drug and Alcohol Free Workplace, if you are selected for employment with the City, you will be required to submit to a pre-employment drug test. Your refusal to take the test or failure to pass the test will disqualify you from further consideration for employment.

An eligible veteran or spouse of veteran shall receive preference in the selection process as provided for in the Florida Statutes. To obtain veteran's preference, a candidate **MUST** submit a copy of a DD-214, Certificate of Discharge, or State of Eligibility with their application.

Under the Americans with Disabilities Act (ADA), the City is required to reasonably accommodate qualified individuals with a disability. The requirement applies to the application process, any pre-employment test, interviews and actual employment (but only if the City knows that an accommodation is needed). If you are disabled and require an accommodation, you may make a request by contacting the City of Sunrise Human Resources Department at (954) 838-4522. Because some types of accommodations may require preparation, we suggest that you make any requests as early as possible.

## **POLICE OFFICER MINIMUM REQUIREMENTS FOR EMPLOYMENT**

1. Be at least 19 years of age.
2. Be a citizen of the United States.
3. Be a high school graduate or its equivalent (G.E.D. under Florida Educational Standards).
4. Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to, or is found guilty of, a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer or aide, notwithstanding suspension of sentence or withholding of adjudication.
5. Never have received a dishonorable discharge from any of the Armed Forces of the United States.
6. Be fingerprinted by the Department.
7. Be of good moral character as determined by the Department and by State regulatory guidelines.
8. **SUBSTANCE ABUSE** – Where it is determined that an applicant used or possessed any illegal substance after submitting their application, they will be disqualified.  
Applicants must submit upon request to a test performed on their body fluids to determine the presence of questionable substances. The discovery of any illegal substance shall disqualify the applicant.
9. Possess good reading comprehension.
10. Possess good writing skills.
11. Possess good communication skills.
12. Have a stable employment history.
13. Be attentive to details and instructions.
14. Have a satisfactory credit history.
15. Display a professional appearance and demeanor.
16. Have a good driving record. Applicants' driving history will be evaluated to determine any pattern of poor driving behavior, with particular regard to recent (last seven years) experience and seriousness of respective violations.
17. Criminal history record(s) sealed or expunged – Applicants must acknowledge the existence of, and give a complete account of the event(s) leading to the criminal history record(s) that are sealed or expunged (Florida State Statutes 943.059 & 943.0585).
18. Have physical weight proportionate to one's height (as prescribed in medical professional guidelines).
19. Must have correctable vision to 20/40 and must pass a night and color vision exam.
20. Must pass the C.J.B.A.T. with a minimum score of 79%. Must pass the physical agility and swimming tests given at Broward Community College Institute of Public Safety.

**CITY OF SUNRISE POLICE OFFICER**  
**Minimum Requirements for Employment, Continued**

21. Florida certified Police Officers need not re-take the C.J.B.A.T. exam. Florida Police Officers certified prior to the implementation of the C.J.B.A.T. are not required to take the exam.
22. Successfully undergo a preliminary interview.
23. Be approved for employment by a Police Department oral review board.
24. Pass a thorough background investigation with appropriate information verifiable and with no unexplained discrepancies between background results and information contained in applicant's application or subsequent required documentation.
25. Successfully undergo an interview with the Police Department appointing authority or designee.
26. Applicant's file will be reviewed for approval prior to conditional offer of employment.
27. Successfully complete a polygraph examination.
28. Successfully complete a psychological examination.
29. Successfully complete a medical examination and drug screen.

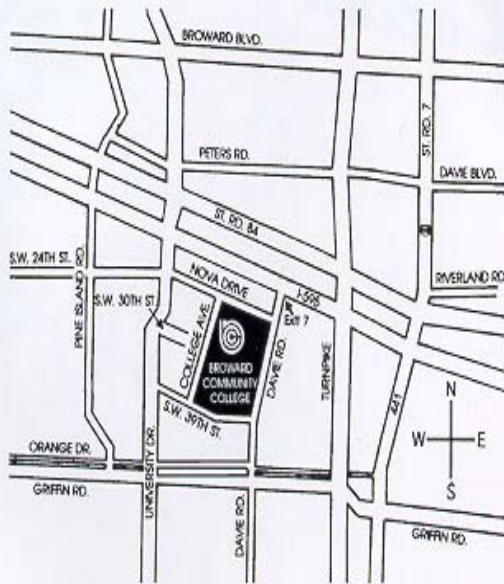
It shall be the policy of the City of Sunrise to hire well-qualified persons to perform the many tasks necessary in providing the services the City is called upon to render. An integral part of this policy is to provide equal employment opportunity for all persons for employment and to recruit and administer hiring, working conditions, benefits and privileges of employment, compensation, training, appointments for advancement, including upgrading and promotions, transfers, and terminations of employment including layoffs and recalls for all employees without discrimination because of race, color, religion, national origin, sex, marital status, sexual orientation, genetic information, age or physical or mental disabilities who are qualified for the jobs they are seeking. As provided in the Florida Statutes, preference in initial appointment will be given to applicants who are eligible for Veterans' Preference. Eligible applicants must complete the Veterans' Preference section of the application at the time it's submitted, and include a copy of their DD214 (separation papers) indicating character of service. Applicants must also include any additional required documents to support their level of preference eligibility such as their VA Letter of Disability, if applicable.

**EQUAL OPPORTUNITY EMPLOYER - M/F/D/V**

## Criminal Justice Testing Center at the Institute of Public Safety

**Broward College**  
3501 Davie Road, Building 21  
Davie, Florida 33314

### Directions and Locations



The Central Campus of Broward Community College is located at 3501 S.W. Davie Road, Davie, Florida. Just 1½ miles south of I-95, the campus is close to all major expressways.

Take I-95 or the Florida Turnpike to I-595, head west to Davie Road, Exit 7, and south on Davie Road. Take I-75 to I-595, head east to Davie Road, Exit 7, and south on Davie Road.



### Testing Center Telephone Numbers and Hours of Operation:

Information Desk      (954) 201-6790 or (954) 201-6931      M-F      8:00 AM – 4:00 PM

## **GENERAL INFORMATION**

The Criminal Justice Testing Center is **NOT** a hiring agency; it is a testing center for persons wanting to enter Law Enforcement or Corrections positions in Broward County. The Criminal Justice Testing Center administers the **Tests Of Adult Basic Education (T.A.B.E.)**, **Criminal Justice Basic Abilities Test (C.J. B.A.T.)**, **Basic Motor Skills Test (Agility)**, and **Swim Test** to candidates for employment in cooperation with Broward County Chiefs of Police Association. Successful completion of required tests may make you eligible for consideration of further evaluation by participating agencies. You must register for C.J. B.A.T. 24 hours prior to taking the test.

### **Registration:**

1. Applicants must go online to: [www.broward.edu/ips](http://www.broward.edu/ips) to register.
2. Click on **Testing Registration** and then Click **Register** with CJ Testing Center
3. Fill in the Requested information.
4. **Save & Print Schedule.** Your Schedule will tell you amount due.
5. The system will remind you must have a 75-B form completed by your doctor if you are taking a physical test.
6. Present a valid photo I.D. Acceptable identification:
  - Valid driver's license
  - State issued phone ID
  - United States passport.
7. You will be required to pay appropriate fees (cash, credit or debit cards) at: **Institute of Public Safety, Building 21 on the day of testing.** Fees are nonrefundable.

### **Testing Procedures:**

1. Valid photo I.D.
2. Tests are by Appointment Only.
3. No late entry. (You will be required to make a new appointment)
4. All testing materials are provided by the Testing Center.
5. Swim and Basic Motor Skills (Agility) Tests:
  - **Form 75B required.** Bring original to test and keep a copy for your records.
  - **Waiver & Release** form also required.

## **TEST INFORMATION**

All testing materials will be provided by the Testing Center.

**You may not enter the testing area with anything except a picture I.D., test receipt, wallet and car keys. (Purses, bags, brief cases or other containers, personal calculators, pens, pencils, papers, books, pagers or cell phones are not permitted and strictly enforced.**

Only qualified applicants will be authorized to enter testing areas. Remain seated and quiet during the entire test. If you should need to leave the area for any personal reason please raise your hand and a proctor will authorize your request. Please refrain from wearing any fragrances



in consideration of those who suffer from allergies. The Swim Test, Basic Motor Skills Test (Agility) and Agility Practice will not be conducted during inclement weather.

**T.A.B.E. and C.J.B.A.T.** On the date of your appointment to sit for the T.A.B.E., or C.J.B.A.T. you must arrive forty five (45) minutes prior to testing and present your paid registration receipt and a valid driver's license, state-issued photo I.D., or United States passport. If you are late, you will not be permitted to enter the testing area and will be required to make another appointment.

**Swim and Basic Motor Skills (Agility) Test.**

Form 75B required. Bring original to test and keep a copy for your record. Waiver and Release Form required. (Page 17 in booklet)

For BMST – wear athletic shoes, a short-sleeved t-shirt and shorts. (No tank tops or muscle shirts).

The swim test is conducted at the Broward College Aquatic Complex, located on the west side of the campus, near Bldg 10.

Applicants for the swim test must arrive at 7:30 a.m. and present a photo I.D.

Swim test requires swimming 50 yards, any stroke style, except back stroke, within a 2 minute time frame. Bring a towel.

**TESTING SCHEDULES & FEES:**

You must sign-in **thirty (30) minutes** prior to testing time or you will **NOT** be permitted to take the C.J.B.A.T., T.A.B.E., or BASIC MOTOR SKILLS TEST (Agility). If you are late you will be required to make another appointment.

TEST	DAY	SIGN IN TIME	FEES	VALIDITY
<b>T.A.B.E.</b>	Tuesday	3:15 PM	\$35.00	Two Years
<b>C.J.B.A.T.</b>	Monday	3:15 PM	\$35.00	Four Years
<b>CJBAT</b>	Tuesday	8:15 AM	\$35.00	Four Years
<b>Basic Motor Skills * **</b> (Agility Test)	Monday	8:30 AM	\$15.00	Six Months
<b>Basic Motor Skills * **</b> (Agility Test)	Monday	11:30 AM	\$15.00	Six Months
<b>Basic Motor Skills * **</b> (Agility Test)	Thursday	8:30 AM	\$15.00	Six Months

<b>Basic Motor Skills * **</b> (Agility Test)	Thursday	3:30 PM	\$15.00	Six Months
<b>Swim Test* ** ***</b> (Police candidates only)	Monday	7:30 AM	\$10.00	No expiration
<b>Agility Practice</b> (For registered applicants only. Physician's statement form required)	Thursday	3:30 PM	No charge	Six Months

\* CJSTC Form 75B required

\*\* Weather permitting

\*\*\* For the Swim Test, go directly to the pool located on the west side of Bldg 10, on the NW side of campus.

### **TEST & RETEST RULES**

#### **T.A.B.E.:**

An applicant who fails to achieve the required score on any component test(s) of the T.A.B.E. may apply for retesting with an ALTERNATE version of the T.A.B.E.

#### **C.J.B.A.T.:**

An applicant who fails to achieve the required score on the C.J.B.A.T. (79% Law Enforcement/ Public Service Aide) may apply for retesting with an ALTERNATE version of the C.J. B.A.T. An applicant who fails to achieve the required score on the retest may apply for a second ALTERNATE retest; however, an applicant who fails to achieve the required score on the second retest will be ineligible for further C.J.B.A.T. testing for twelve months.

#### **Basic Motor Skills (Agility):**

You may pay retest fees and retake this test an unlimited number of times until you pass the Basic Motor Skills Test. However, you must meet the one year physical examination criteria.

#### **Swim Test:**

Wear a short-sleeved t-shirt and long pants for the swim. You may pay retest fees and retake this test an unlimited number of times until you pass. However, you must meet the one year physical examination criteria.



**APPLICATION FOR EMPLOYMENT**  
**City of Sunrise Human Resources Department**  
**10770 West Oakland Park Boulevard,**  
**Sunrise, Florida 33351**  
**Equal Opportunity Employer M/F/D/V**

**INSTRUCTIONS**

You must fully complete the City of Sunrise application to be considered for employment. Please answer each question.  
 If the question does not apply, state N/A. If the space available is insufficient, please fill out a supplement sheet.  
 Please PRINT CLEARLY IN INK OR TYPE all information.

1) Position Applied For:	2nd Choice	3rd Choice
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2) Last Name	First Name	Middle Name
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3) Present Address:	Street	/	City	/	State	/	Zip
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4) Previous Address:	Street	/	City	/	State	/	Zip
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5) Telephone Number	6) Under the Immigration Reform and Control Act, we are required to verify that you are legally eligible for employment in the U.S. We will require documentation upon employment.
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7) Education	<b>APPLICANTS MUST SUBMIT COPIES OF DIPLOMAS OR CERTIFICATES OR APPLICATION WILL NOT BE PROCESSED</b>
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List Education and Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.)

Name and Location of Vocational School, Training Center, etc.	Dates Attended		Courses or Subjects Taken	Certificates Received
	From MO/YR	To MO/YR		

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Diploma: <input type="checkbox"/> YES <input type="checkbox"/> NO GED Equivalency: <input type="checkbox"/> YES <input type="checkbox"/> NO	High School Attended: _____ Address _____ City _____ State _____ Zip _____
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List Colleges and Universities Attended Below:

Name and Address of College or University	Dates Attended		Total Credit Hours	GPA	Major/Minor Field of Program of Study	Did You Graduate?	Type of Degree
	From MO/YR	To MO/YR					
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	



8) Employment Record: Begin with your present or most recent employment and work back. List all jobs held in the last ten years. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. If more space is necessary, please use the application supplement sheet. Be specific when describing job duties. May we contact your present employer regarding your record of employment?  YES  NO

(1) Current or Previous job						Employer _____ Address _____ City, State, Zip Code _____ Telephone Number (_____) _____ Supervisor's Name and Title _____ Your Job Title _____ Reason for leaving position or if currently employed, why are you leaving? _____
From		To		Total Time		
MO.	YR.	MO.	YR.	YRS.	MOS.	
Hours per week _____						
Starting Salary \$ _____ per _____						
Last Salary \$ _____ per _____						

Specific Duties:

(2) Previous job						Employer _____ Address _____ City, State, Zip Code _____ Telephone Number (_____) _____ Supervisor's Name and Title _____ Your Job Title _____ Reason for leaving position? _____
From		To		Total Time		
MO.	YR.	MO.	YR.	YRS.	MOS.	
Hours per week _____						
Starting Salary \$ _____ per _____						
Last Salary \$ _____ per _____						

Specific Duties:

(3) Previous job						Employer _____ Address _____ City, State, Zip Code _____ Telephone Number (_____) _____ Supervisor's Name and Title _____ Your Job Title _____ Reason for leaving position? _____
From		To		Total Time		
MO.	YR.	MO.	YR.	YRS.	MOS.	
Hours per week _____						
Starting Salary \$ _____ per _____						
Last Salary \$ _____ per _____						

Specific Duties:

(4) Previous job						Employer _____
From		To		Total Time		
MO.	YR.	MO.	YR.	YRS.	MOS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position? _____

Specific Duties:

(5) Previous job						Employer _____
From		To		Total Time		
MO.	YR.	MO.	YR.	YRS.	MOS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position? _____

Specific Duties:

(6) Previous job						Employer _____
From		To		Total Time		
MO.	YR.	MO.	YR.	YRS.	MOS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position? _____

Specific Duties:

9) A. Have you ever been discharged or forced to resign from any job?  YES  NO

If yes, which job and why? \_\_\_\_\_  
\_\_\_\_\_

B. Have you ever been disciplined in any job?  YES  NO

If yes, which job and why? \_\_\_\_\_  
\_\_\_\_\_

10) Have you ever been employed by the City of Sunrise?  YES  NO

If yes, please supply dates and department \_\_\_\_\_  
\_\_\_\_\_

11) Are you related to any City of Sunrise employee?  YES  NO

If yes, please give name, relation, and employing department \_\_\_\_\_  
\_\_\_\_\_

13) A. Have you ever been convicted of any criminal offense, pleaded guilty or *nolo contendere*, or been found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended?  YES  NO

If yes, please give the following information:

<u>DATE</u>	<u>CHARGE</u>	<u>PLACE</u>	<u>CURRENT STATUS</u>
_____	_____	_____	_____
_____	_____	_____	_____

B. Are criminal charges currently pending against you?  YES  NO

If yes, please supply details \_\_\_\_\_  
\_\_\_\_\_

NOTE: A "Yes" response to either question does not automatically disqualify you for employment.

#### CERTIFICATION AND AUTHORIZATION

I hereby certify the information contained in this application to be true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection or dismissal. I authorize the use of any information in this application to verify my statements and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further understand that for some positions there is a probationary period and I can be dismissed at any time during this period.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



**City of Sunrise**  
**AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a position with the City of Sunrise, I hereby authorize inquiries regarding my past employment record including, but not limited to, attendance, job performance, disciplinary records and reason for termination.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. You may contact me as indicated below, should there be any question as to the validity of this release.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_



City of Sunrise  
APPLICATION SUPPLEMENT SHEET

MINIMUM REQUIREMENTS

**INSTRUCTIONS:**

You **MUST COMPLETE** this form to be considered for employment. To assist us in processing your application, please describe how your experience meets or exceeds the minimum requirements posted for the position applied for. If your experience does not meet the minimum requirements, your application will not be forwarded for employment. Please print clearly in ink or type all information.

Name:

Position Applied For

1) Describe briefly in what ways your experience meets the minimum requirements of the job posted.

2) Do you meet the minimum educational requirements? Please describe.

3) Are there any special qualifications that you feel you have that would help you meet the minimum requirements?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



City of Sunrise  
APPLICANT DRIVING HISTORY

**INSTRUCTIONS:**

The following questionnaire is to be completed ONLY by those applicants for a position which would require the use of a City vehicle. Please print all information EXACTLY as shown on Driver's License.

(1) Name: First	Middle	Last
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(2) Address: \_\_\_\_\_

(3) Do you have a valid Florida Driver's License?     YES             NO  
 Date of Issue \_\_\_\_\_  
 NON-COMMERCIAL            CDL  
 E-Operator                     A     B     C     D  
  
 Please List Any Endorsements: \_\_\_\_\_

(4) If you have not held a Florida Driver's License for the last (3) three years, please give previous Driver's License number and the State or Country in which it was issued.

(5) Has your license ever been suspended?     YES             NO  
 If YES, please give dates and explanation:

(6) Has your license ever been revoked?     YES             NO  
 If YES, please give dates and explanation:

(7) List all Traffic Citations (tickets) within the last (7) seven years. If none, write "NONE." If additional space is needed attach a supplemental sheet.

Date	Description of offense	State/County in which it occurred	Disposition of case

(8) Have you ever completed a defensive driving course?     YES             NO            If YES, when? \_\_\_\_\_

**CERTIFICATION OF APPLICANT** – Please read carefully before signing.

I hereby certify that all answers to the above questions and statements on the Driver's License form are true and I agree and understand that any misstatements of material facts contained in the form may cause forfeiture upon my part of all rights to any employment sought hereunder.

\_\_\_\_\_  
 SIGNATURE DATE





City of Sunrise  
**IMPORTANT NOTICES**

**IDENTIFICATION INFORMATION SECTION**  
**SIGNATURE IN THIS BOX IS REQUIRED**

Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee and volunteer applicants and advisory board applicants. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

Name: First  Middle  Last

Social Security Number:

\*Date of Birth:  
 Month  Day  Year

\*\*Driver's License Number:

Any falsification of information on this application shall be sufficient cause for rejection or dismissal from employment.

As part of our commitment to a Drug and Alcohol Free Workplace, if you are selected for employment with the City, you may be required to submit to a pre-employment drug test. Your refusal to take the test, or failure to pass the test will disqualify you from further consideration for employment.

Under the Americans with Disabilities Act (ADA), the City is required to reasonably accommodate qualified individuals with a disability. The requirement applies to the application process, any pre-employment test, interviews and actual employment (but only if the City knows that an accommodation is needed). If you are disabled and require an accommodation, you may request it at any time by contacting the City of Sunrise Human Resources Department at (954) 838-4522. Because some types of accommodations may require preparation, we suggest that you make any requests as early as possible.

It shall be the policy of the City of Sunrise to hire well-qualified persons to perform the many tasks necessary in providing the services the City is called upon to render. An integral part of this policy is to provide equal employment opportunity for all persons for employment and to recruit and administer hiring, working conditions, benefits and privileges of employment, compensation, training, appointments for advancement, including upgrading and promotions, transfers, and terminations of employment including layoffs and recalls for all employees without discrimination because of race, color, religion, national origin, sex, marital status, sexual orientation, genetic information, age or physical or mental disabilities who are qualified for the jobs they are seeking. As provided in the Florida Statutes, preference in initial appointment will be given to applicants who are eligible for Veterans' Preference. Eligible applicants must complete the Veterans' Preference section of the application at the time it's submitted, and include a copy of their DD214 (separation papers) indicating character of service. Applicants must also include any additional required documents to support their level of preference eligibility such as their VA Letter of Disability, if applicable.

EQUAL OPPORTUNITY EMPLOYER - M/F/D/V

I have read the above, and am aware of the above policies.

Signature  Date

\* Date of Birth is being requested in order to ensure accurate retrieval of records.

\*\* Driver's License Number is required for all applicants applying for any position that may require the use of a City vehicle. If the job posting states that "possession of a valid driver's license" is required, failure to provide the above information may result in the rejection of your application.



**EQUAL EMPLOYMENT OPPORTUNITY SURVEY  
INFORMATION IN THIS BOX IS VOLUNTARY**

The following information will be used ONLY to help improve our recruiting programs and comply with the Federal and State government information requests. You are not required to provide this information. If you choose not to provide the information, your decision will not affect your application.

NAME	POSITIONS APPLIED FOR
<p>How did you learn of this opening?</p> <p><input type="checkbox"/> A Present City Employee _____</p> <p><input type="checkbox"/> City's Website</p> <p><input type="checkbox"/> Other Website _____</p> <p><input type="checkbox"/> City's Job Announcement Board</p> <p><input type="checkbox"/> Newspaper Ad- Which Newspaper? _____</p> <p><input type="checkbox"/> Job Fair _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Racial/Ethnic Identity:</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> White Non-Latin</p> <p><input type="checkbox"/> Black Non-Latin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Asian Pacific</p> <p><input type="checkbox"/> Alaska Native</p>
<p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>	



**VETERANS' PREFERENCE FORM**  
 City of Sunrise Human Resources Department  
 10770 West Oakland Park Boulevard, Sunrise, Florida 33351  
 Phone: (954) 838-4522  
[www.sunrisefl.gov](http://www.sunrisefl.gov)

**NOTICE: Complete both pages of this form ONLY if you are claiming Veterans' preference.** Applicants who wish to claim Veterans' preference may do so on a voluntary basis. Providing or refusing to provide this information will not subject the applicant to any adverse treatment. The information requested is intended for use solely in connection with our affirmative action obligations. Any medical/disability documentation will be kept confidential and will only be used in accordance with the ADA.

**INSTRUCTIONS:** Check the appropriate box below indicating your qualification category and provide the additional information requested. **Documentation substantiating your claim must be furnished at the time of application. 55A-7.013, F.A.C.** The type of documentation required is listed next to each category. Provide **copies only**, not original documents, as they will not be returned. Veterans' preference will be awarded to all qualified applicants for selection procedures, providing all required documentation is submitted. Non-applicable for persons employed on a temporary basis without benefits. Preference will not be awarded retroactively.

Name: Last First Middle

Position(s) you are applying for:

**CATEGORY/ REQUIRED DOCUMENTATION**

- (1) A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
  - Percentage of disability \_\_\_\_\_
  - Copy of DD-214 (**Member 4 Copy recommended**) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service; **AND**
  - Copy of document from the Department of Defense, or Department of Veterans Affairs certifying that the veteran has a compensable service-connected disability
- (2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
  - Spouses of Disabled Veterans: copy of spouses DD-214 or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service; copy of certification from the Department of Veterans' Affairs that the veteran is totally and permanently disabled and cannot qualify for employment because of a service-connected disability; or an ID card issued by the Department of Veterans' Affairs; copy of marriage certificate along with a continuous marriage affidavit.
  - Spouses of Persons on Active Duty: copy of certification from the Department of Defense or the Department of Veterans' Affairs that the person on active duty is either missing in action, captured, forcibly detained or interned in the line of duty by a foreign government or power; and copy of marriage certificate along with a continuous marriage affidavit.
- (3) A veteran of any war. A veteran who has served at least one day during a wartime period (as listed below). Active duty for training shall not be allowed for eligibility for veterans' preference purposes. **FS 295.07**

(WWII)	December 7, 1941 to December 31, 1946
(Korean Conflict)	June 27, 1950 to January 31, 1955
(Vietnam Era)	February 28, 1961 to May 7, 1975
(Persian Gulf War)	August 2, 1990 through January 2, 1992

**OR** a Veteran who has served in a campaign or expedition for which a campaign badge has been authorized, including any Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal.

**OR** a veteran who served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom/Operation New Dawn. The service dates are defined as follows:

- |  |  |
|--|--|
| Operation Enduring Freedom                 | October 7, 2001 to date to be determined |
| Operation Iraqi Freedom/Operation New Dawn | March 19, 2003 to date to be determined  |
- Copy of DD-214 (Member 4 Copy recommended) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service.

- (4) The un-remarried widow or widower of a veteran who died of a service-connected disability.  
 Copy of document from the Department of Defense or the Department of Veterans' Affairs certifying the service connected death of the veteran; and a copy of marriage certificate along with a continuous marriage affidavit.

**INFORMATION ABOUT SERVICE**

Branch of Service:	Type of Discharge/ Character of Service:
Date of Entry:	Date of Discharge:
Dates of Active Duty:	
Do you have a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the service-connected disability compensable? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the percentage of disability? _____ %	
Type of documentation you will be submitting:	
<b>NOTE: PLEASE SEE PREVIOUS PAGE FOR LIST OF REQUIRED DOCUMENTATION FOR EACH CATEGORY</b>	
Are you currently a resident of the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If requested can you provide proof of Florida residency? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of residency is usually voter registration, drivers license, state issued ID card, application for homestead exemption or an application filed with the Circuit Court indicating intent to be a Florida resident.	

**IMPORTANT NOTICE:**  
In accordance with the rules of the Florida Department of Veterans Affairs, Chapter 55A-7, Veterans' Preference in Appointment and Retention in Employment and Florida law, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4 and 5 (as shown on page one of this form). Preference in appointment and employment requires that a preferred applicant be given special consideration each step of the employment selection process but does not require the employment of a preferred applicant over a nonpreferred applicant who is the most qualified for the position.

An applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with the rules may file a complaint with Florida Department of Veterans Affairs (FDVA), 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630, requesting an investigation. 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 date the application is filed with the employer if no notice is given. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

For additional information on Veterans' Preference, the following link is provided as a public service. <http://www.floridavets.org>

The following positions are exempt from veterans' preference provisions: positions filled by officers elected by popular vote or persons appointed to fill vacancies in such offices and personal secretary of each such officer, members of boards and commissions, persons employed on a temporary basis without benefits, heads of departments, positions which require licensure such as a physician, and positions which require that the employee be a member of The Florida Bar.

**NOTICE TO APPLICANT**

The City of Sunrise accepts applications on a continuous basis, and all positions remain open until filled, unless otherwise noted. Due to the large volume of applications received, the personnel department is unable to contact applicants who do not meet the minimum requirements for a position, submit incomplete applications or are not selected by the hiring department for an interview. Submission of this form and accompanied documentation does not constitute automatic eligibility for veterans' preference. Eligibility for veterans' preference is subject to verification of information and documentation provided.

**SIGNATURE (required):**  
I acknowledge that I have read and understood the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

**Signature** **Date**

<b>FOR HUMAN RESOURCES DEPARTMENT USE ONLY</b>	
Documentation provided: <input type="checkbox"/> DD214 <input type="checkbox"/> Other:	
Is the applicant veterans' preference qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Reason for disqualification:	



# City of Sunrise Resident Preference

**COMPLETE THIS PAGE ONLY IF YOU ARE CLAIMING CITY OF SUNRISE RESIDENT PREFERENCE**

**Applicant's Name:** \_\_\_\_\_

### City of Sunrise Resident Preference

Applicants who are residents of the City of Sunrise, and who are deemed to be qualified for an open position may be given preference over an applicant with the same qualifications who does not reside in the City of Sunrise, provided such preference is applied consistent with the applicable requirements of state and federal law. Sunrise residency documentation will be determined based on **two forms of identification** from the following lists at the time of application.

Please submit copies of **1 document from each list (A & B)** to prove City of Sunrise residency at time of application if you are claiming resident preference.

### PROOF OF RESIDENCE (Domicile)

**LIST A - One current piece of evidence from the following sources in the applicant's name, spouse's name or relative of applicant:**

- Current telephone bill, electric bill or utility bill
- Rent receipt with the name of lessor and contact information/mortgage statement
- Lease agreement with name of lessor and contact information
- Mortgage commitment
- Home purchase contract including specified closing date, with copy of deed to be provided within 60 (sixty) days of closing date

**LIST B - AND one of the following showing the applicant's name and address:**

- Automobile insurance card or declaration page
- Current Florida Driver's License/Florida Identification Card
- Cellular telephone bill
- Credit card statement
- Bank account statement
- United States Postal Service confirmation of address change request or evidence of correspondence delivered through U.S. Postal Service
- Declaration of Domicile form from the County Records Department

\_\_\_\_\_  
**HUMAN RESOURCES DEPARTMENT**

**Approved** \_\_\_\_\_ **Not Approved** \_\_\_\_\_

**Explain:** \_\_\_\_\_

**By:** \_\_\_\_\_  
Name Title Date