

Item # B  
4-14-83  
100 A.M.

Personnel Office  
City of New Smyrna Beach  
210 Sams Avenue  
New Smyrna Beach  
Florida 32069

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application 7-8-82

Position(s) Applied For Animal Control TRAINEE

Referral Source:  Advertisement  Friend  Relative  
 Employment Agency  Other

Name Hamm Donna Jean  
Last First Middle

Address [Redacted]  
Number Street City State Zip Code

Phone No [Redacted] Social Security No [Redacted]

~~7-10 PM WORK~~ 788-1065

Have you filed an application here before?  Yes  No Date \_\_\_\_\_

Have you ever been employed here before?  Yes  No Date \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, do you possess an Alien Registration Card?  Yes  No

If yes, give Alien Registration Number \_\_\_\_\_

Are you available to work?  Full Time  Part Time  Shift Work

Are you on lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Do any of your friends or relatives, other than your spouse, work here?  
 Yes  No

If yes, list name(s) Bonnie Frazer (Animal Control) ANY MONEY police officers

Have you been convicted of a felony within the last 7 years?  No  Yes

If yes, explain: \_\_\_\_\_

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/H

B/gw

1-11-83

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary	Edgewater Public Old County Rd. Edgewater, Fla.	X	5	6	7	8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X
	High		N.S.B. Sr. High N.S.B. Fla. 32069	1	2	3	4	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other (Specify)		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities

Honors Received:

### PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number
Bennie Frazier	Animal Control	Police Station 428-2411
Mrs. Dombrowski	530 Ball St. N.S.B.	427-4263
Sara Dougry	Lot 300 Douglas	427-6944

### MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes  No  If yes, what Branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Month Day Year      Month Day Year

List duties in the service including special training: \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_ If yes, what training did you take? \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1	Employer	7-11		WORK PERFORMED	
	Address	701 Dixie Freeway USI	Apr 25 82		Still Employed
	Job Title	Clerk	Hrly. Rate/Salary		
	Supervisor	Ed Roush	Starting		Final
	Reason for Leaving	I'm still employed			
	Telephone	428-2876			
2	Employer	Handy Way		WORK PERFORMED	
	Address	Edgewater USI			
	Job Title	Clerk	Hrly. Rate/Salary		
	Supervisor	Bob Geinger	Starting		Final
	Reason for Leaving	Got better job at 7-11			
	Telephone				
3	Employer	Ponderosa Feed		WORK PERFORMED	
	Address	Port Orange			
	Job Title	Clerk - All Animal supply	Hrly. Rate/Salary		
	Supervisor		Starting		Final
	Reason for Leaving	Not enough hours			
	Telephone				
4	Employer	Coronado Print Co.		WORK PERFORMED	
	Address	109 Old County Rd.			
	Job Title	Line Foreman or Print Power	Hrly. Rate/Salary		
	Supervisor	Wall Russell	Starting		Final
	Reason for Leaving				
	Telephone	42			

## AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of New Smyrna Beach.

Donna Jean Hamm  
Signature of Applicant

7-8-82  
Date

**APPLICANT -- Do Not Write On This Page  
For Interviewer's Use**

Interviewer	Date	Comments

**FOR TEST ADMINISTRATOR'S USE**

Tests Administered	Date	Raw Score	Rating	Comments and Interpretation

Arrange Interview  Yes  No      Remarks: \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title Police Dispatch Hourly Rate/Salary 4.3785 Department Police

By: \_\_\_\_\_ [Signature] 4/22/83  
Name/Title

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.