

City of Marianna

2898 Green Street, Marianna, FL 32447
Phone: 850-482-4353 Fax: 850-482-2217



INSTRUCTIONS:

You must complete an application to be considered for employment with the City of Marianna. To enable your application to be processed quickly and accurately, please follow these instructions.

- A. Print in ink or type all information. Avoid abbreviations, if possible.
- B. Complete **all** items which apply to you. Incomplete applications cannot be processed and you will not be considered for employment.
- C. In the section on employment, list complete information for present and previous positions. Start with the present or most recent employer. List in order previous employment and any periods of unemployment.
- D. **APPLICATION MUST BE SIGNED AND DATED** . Unsigned applications cannot be processed and will not be considered.
- E. We will accept applications only for those positions which are advertised.
- F. If a job description requires a High School Diploma/GED; an Associate degree or a Bachelor degree, you **must** attached supporting documents.

INFORMATION FOR EQUAL OPPORTUNITY EMPLOYMENT

Government agencies at times require periodic reports on sex, ethnicity, disability, veteran, and other protected status of employees. This data is gathered for statistical analysis purposes and used in conjunction with the City's Equal Employment/Affirmative Action efforts.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY. (Please Print)
This form will be removed from application prior to interview selection process .

Name: _____

SEX: Male _____ Female _____

RACIAL/ETHNIC DATA:

Please indicate yourself in terms of racial/ethnic groups below. (Check only one)

_____ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish cultures, regardless of race.

_____ Asian or Pacific Islander: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or Pacific Islander. This area includes, for example: China, Japan, Korea, the Philippine Islands, or Samoa.

_____ American Indian or Alaskan Native: All persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.

_____ Black: (not of Hispanic Origin) All persons having origins in any of the Black racial groups of Africa.

_____ White: (not of Hispanic Origin) All persons having origins in any of the original people of Europe, North Africa or Middle East.

_____ Other: (specify) _____

CITY OF MARIANNA

Application for Employment

TO APPLICANT: We appreciate your interest in our organization. Thank you for taking the time to complete this application. After your application has been reviewed, you will either receive a call requesting to set up an interview or a letter notifying you that you were not selected at this time for the position.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, ad, disability, marital or veteran status, or any other legal protected status.

(PLEASE TYPE OR PRINT CLEARLY)

I. General

Date: _____ Position Applying for: _____

Desired Wage: _____/hour Date available for work: _____

II. Personal

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____
Number & Street City, State & Zip Code

Home Phone: _____ Cell Phone: _____

Do you claim veteran's preference: NO ____ YES ____ (You must attach copy of DD214)

III. Verification

1) Are you a U.S. citizen? Yes ____ No ____

If **NO**, do you possess the required documents which permit you to work here? Yes ____ No ____ (Please attach documents)

2) Have you previously been employed with the City of Marianna? Yes ____ No ____

If yes, when? _____

3) Do you have any relatives currently employed with the City? Yes ____ No ____

If yes, who? _____

4) Florida Driver License Number: _____

License Class: _____ Expiration date: _____

5) If you are offered a job, are you willing to take a post-offer medical examination to the extent permitted by the ADA?

Yes ____ No ____

6) If known by other names at other employers listed under Employment History, please list those names:

IV. Employment History

Please account for your last five years of employment, beginning with your most recent job. All time must be accounted for. Complete all the information as to each employer in the spaces provided below. You may attach a resume with this application. However, you must sign and date this application.

1) Employer Name, Address & Phone Number:

Job Supervisor: _____ Job Title: _____

Employed from: _____ to _____ Ending Salary: _____
(Month/Year) (Month/Year)

Reason for leaving:

Describe your job duties:

2) Employer Name, Address & Phone Number:

Job Supervisor: _____ Job Title: _____

Employed from: _____ to _____ Ending Salary: _____
(Month/Year) (Month/Year)

Reason for leaving:

Describe your job duties:

3) Employer Name, Address & Phone Number:

Job Supervisor: _____ Job Title: _____

Employed from: _____ to _____ Ending Salary: _____
(Month/Year) (Month/Year)

Reason for leaving:

Describe your job duties:

4) Employer Name, Address & Phone Number:

Job Supervisor: _____ Job Title: _____

Employed from: _____ to _____ Ending Salary: _____
(Month/Year) (Month/Year)

Reason for leaving:

Describe your job duties:

5) Employer Name, Address & Phone Number:

Job Supervisor: _____ Job Title: _____

Employed from: _____ to _____ Ending Salary: _____
(Month/Year) (Month/Year)

Reason for leaving:

Describe your job duties:

V. Prior Terminations

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes ___ No ___

If yes, give details, including names, addresses, and/or telephone number of the employer who terminated your employment and the reason you were told you were terminated:

Do you agree that the reason given for your termination was valid? Yes ___ No ___

VI. Additional Information

State any additional information you feel may be helpful to us in considering your application.

VII. Specialized Skills, Licenses or Certifications

Please list any specialized skills, licenses or certifications you have that would make you more qualified for this position:

Class A, B, or C CDL _____

WPM typed _____

Computer Skills: _____

Equipment Skills: _____

Certifications: _____

Please list any other job related experience or qualifications which will be of special benefit in the job for which you are applying:

VIII. Education History

1) High School - School Name & Address:

Did you graduate? Yes ____ No ____

Diploma or GED: _____ (Attach copy)

2) College - School Name & Address:

Course of Study: _____

Did you graduate? Yes ____ No ____

Degree: _____ (Attach copy)

3) Vocational/Training School/Courses - School Name & Address:

Course of Study: _____

Did you graduate? Yes ____ No ____

Type of Certification: _____ (Attach copy)

IX. Miscellaneous

1) Have you ever been convicted or entered a plea of nolo contendere of any crime (other than minor traffic violations) within the last five years? Yes ____ No ____ (A "yes" answer is not an automatic bar from employment.)

If yes, what were the charges and what year?

2) If applying for a driving position, have you had any traffic violations within the last five years? Yes ____ No ____ If your answer is "yes" explain details and indicate when, where and disposition of each case. (Violations will not bar you from employment unless it is job related.)

3) Person to contact in case of emergency (name and phone number):

X. References

- 1.) _____
Name Address Telephone
- 2.) _____
Name Address Telephone
- 3.) _____
Name Address Telephone

XI. Applicant Acknowledgement and Signature

I certify the information given by me on this application for employment is true and accurate to the best of my knowledge.

Signature of Applicant

Date

A COPY OF HIGH SCHOOL DIPLOMA/GED AND/OR ANY CERTIFICATIONS MUST BE ATTACHED TO CITY OF MARIANNA APPLICATION. EXCEPTION TO THIS REQUIREMENT MAY BE GRANTED BASED ON POSITION JOB DESCRIPTION WHICH APPLICANT IS BEING CONSIDERED FOR EMPLOYMENT.

WARNING

IT IS A VIOLATION OF MARIANNA CITY ORDINANCE 793 TO MAKE ANY FALSE STATEMENT, MISREPRESENTATION ON THIS EMPLOYMENT APPLICATION. PENALTY IS \$1000.00 FINE AND/OR ONE YEAR IN JAIL.

CITY OF MARIANNA

I UNDERSTAND AND AGREE THAT:

1. ANY MISREPRESENTATION OR OMISSION OF A FACT IN MY APPLICATION SHALL BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT OR IF EMPLOYED MAY RESULT IN MY TERMINATION FROM EMPLOYMENT.
2. It is my understanding the City of Marianna will make a thorough investigation of my entire work, personal and criminal history. The City of Marianna may verify all dates given in my application for employment, related papers or oral interviews. I authorized such investigation and the giving and receiving of any information requested by the Human Resource Office and I release from liability any person giving or receiving such information. I understand that falsification of dates so given or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal.
3. I agree my employment may be terminated by the City of Marianna at any time without liability for wages or salary, except such as may have been earned at the date of such termination. I authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the duties required.
4. I hereby agree that the employees of the City of Marianna are relieved of any liability for information released concerning my employment to any future employer.
5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule, or a schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
6. Florida Public Records Law prohibits the City of Marianna from keeping any information confidential except records that are outlined in Florida Statue 119.071(4)(d), F.S., 119.071(4)(d)1., 3., & 4. F.S., as well as firefighters certified in compliance with s. 633.35, F.S.
7. Successful completion of a post offer of employment physical, drug screening and background check are required on all applicants **prior** to beginning employment with the City of Marianna.

I further understand this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signature of Applicant

Date

The Florida Legislature has amended Florida Statute 119.071 (Public Records Section) in reference to collection and use of social security number by Public Entities. The City of Marianna (as a local government) is required to certify that we have complied with this amendment. The following has been approved by our City Attorney to be given to all employees and applicants with the City of Marianna to read, sign and to be retained with the employment application.

Please read the following:

“COLLECTION OF SOCIAL SECURITY NUMBERS ON EMPLOYMENT FORMS”

"By signing in the space provided below, you acknowledge that the City of Marianna has requested your social security number for the following specific purposes: to process and report wages pursuant to the Social Security Administration Act; to report income pursuant to the Federal Department of Internal Revenue Service; to initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting, for Drug Screening Test Identification; and to process your employment benefits/retirement."

I have read and understand the above.

Signature of Applicant

Date

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, do hereby authorize the City of Marianna to do a background check researching any criminal history and driving violations (if applicable to position) on file as part of the post offer of employment screening with the City of Marianna.

Signature of Applicant

Date

Thank you for your time in completing our application.