

# City of Marianna

## Marianna Health & Rehabilitation Center

4295 Fifth Avenue, Marianna, FL 32446  
Phone: (850) 482-8091 Fax: (850) 482-6162



### 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) \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY & DRUG FREE WORKPLACE EMPLOYER**

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WE ARE AN EQUAL OPPORTUNITY & DRUG FREE WORKPLACE EMPLOYER

# City of Marianna

## Marianna Health & Rehabilitation Center

### Application for Employment

TO APPLICANT: We appreciate your interest in our organization. Thank you for taking the time to complete this application. We consider applicants for all positions without regard to race, age, color, religion, creed, gender, national origin, disability, marital or veteran status, or any other legal protected status.

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**(PLEASE TYPE OR PRINT CLEARLY)**

#### I. General

Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Type of employment desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ 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/Marianna Health & Rehab Center? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and what position? \_\_\_\_\_

3) Do you have any relatives currently employed with the City/Marianna Health & Rehab Center? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

4) Do you possess a valid driver license? Yes \_\_\_\_\_ No \_\_\_\_\_

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:**

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Job Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Reason for leaving:  
\_\_\_\_\_

Describe your job duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Employer Name, Address & Phone Number:**

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Job Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Reason for leaving:  
\_\_\_\_\_

Describe your job duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3) Employer Name, Address & Phone Number:**

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Job Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Reason for leaving:  
\_\_\_\_\_

Describe your job duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4) Employer Name, Address & Phone Number:**

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Job Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Reason for leaving:

Describe your job duties:

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**5) Employer Name, Address & Phone Number:**

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Job Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Reason for leaving:

Describe your job duties:

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**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:

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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.

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**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:

License: \_\_\_\_\_ (Attach Copy)

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)

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2) College - School Name & Address:

\_\_\_\_\_

Course of Study: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_ No \_\_\_\_ Degree: \_\_\_\_\_ (Attach copy)

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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, entered a plea of nolo contendere, or had adjudication withheld, of any crime (other than minor traffic violations)? Yes \_\_\_\_ No \_\_\_\_ (A "yes" answer is not an automatic bar from employment.)

If yes, what were the charges and what year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Have you ever had Abuse/Negligence charges confirmed against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**X. References**

1.) \_\_\_\_\_  
 Name Relationship Telephone

2.) \_\_\_\_\_  
 Name Relationship Telephone

3.) \_\_\_\_\_  
 Name Relationship 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

**APPLICATIONS WILL NOT BE CONSIDERED ACTIVE AFTER NINETY (90) DAYS FROM DATE OF APPLICATION UNLESS THE APPLICANT APPEARS IN PERSON TO APPLY.**

**A COPY OF HIGH SCHOOL DIPLOMA/GED AND/OR ANY CERTIFICATIONS MUST BE ATTACHED TO 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.**

Please note on applications for shift work, the shift you are interested in.

Please check one on each question:

1. What shift can you work: 7-3 \_\_\_\_\_ 3-11 \_\_\_\_\_ 11-7 \_\_\_\_\_
2. Can you work one (1) week of orientation from 8 AM to 4 PM? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Can you work weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

**CITY OF MARIANNA**  
**Marianna Health and Rehabilitation Center**

**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 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 Statute 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 Statue 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

If you are selected for this position, you ***MUST*** have the following at the time of orientation in order to begin employment:

- 1) Social Security Card (for completion of required Form I9)
- 2) Driver License or State issued Identification Card (for completion of required Form I9)
- 3) One Emergency Contact (names, addresses, phone numbers)
- 4) Proof of previous medical coverage (if any)
- 5) Names, Social Security Number, and Dates of Birth if you plan on electing dependent coverage through our group medical and/or dental insurance.

**\*NOTE: You must have your Social Security Card in your possession, if you do not have one, if hired you must apply for one. You will not be able to begin employment until you have received your social security card. Please make sure the name on your Social Security Card is the name you use for your check and W-2 Form. If not you will need to apply for a new card, and bring in the letter you are provided. The SS Office is located at 4125 Jireh Court, Marianna, FL 32448.**

***Thank you for your time in completing our application.***

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WE ARE AN EQUAL OPPORTUNITY & DRUG FREE WORKPLACE EMPLOYER

**CITY OF MARIANNA**  
***MARIANNA HEALTH AND REHABILITATION CENTER***  
**AUTHORIZATION FOR POST OFFER OF EMPLOYMENT**  
**BACKGROUND CHECK**

I, \_\_\_\_\_, do hereby authorize the City of Marianna/Marianna Health and Rehabilitation Center to do a background check researching any criminal history and driving violations (if applicable to position) as part of the post offer of employment screening by the City of Marianna/Marianna Health and Rehabilitation Center.

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

\_\_\_\_\_  
Date