

City of Marianna

2895 Jefferson Street, Marianna, FL 32446

Phone: 850-482-4353



APPLICATION 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; DD214; and/or a specific licenses/certification, applicant will be required to bring copy to interview if selected.

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, color, religion, creed, gender, national origin, 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: _____

Email Address: _____

Do you claim veteran's preference: NO YES (If selected for an interview, you must bring copy of DD214)

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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 ___ **(If selected for an interview you must bring to interview)**

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) 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 ___

5) 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 additional pages or a resume with 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:

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 _____

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: _____

2) College - School Name & Address:

Course of Study: _____

Did you graduate? Yes ____ No ____ Degree: _____

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

Course of Study: _____

Did you graduate? Yes ____ No ____ Type of Certification: _____

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):

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X. References

- 1.) _____

Name	Address	Telephone
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- 2.) _____

Name	Address	Telephone
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- 3.) _____

Name	Address	Telephone
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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.

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

IF SELECTED FOR AN INTERVIEW, A COPY OF HIGH SCHOOL DIPLOMA/GED AND/OR ANY LICENSES/CERTIFICATIONS MUST BE BROUGHT TO THE INTEVIEW. EXCEPTION TO THIS REQUIREMENT MAY BE GRANTED BASED ON POSITION JOB DESCRIPTION WHICH APPLICANT IS BEING CONSIDERED FOR EMPLOYMENT.

AUTHORIZATION FOR BACKGROUND CHECK

I, (applicant name) _____, do hereby authorize the City of Marianna 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.

Signature of Applicant

Date

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 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) Proof of previous medical coverage (if any)
- 4) Names, Social Security Number, and Dates of Birth for life insurance beneficiary forms **and** if you plan on electing dependent coverage through our group medical, vision 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 and the contact number is 888-397-4815.**

**INFORMATION FOR EQUAL OPPORTUNITY EMPLOYMENT
SUBMISSION OF THIS INFORMATION IS VOLUNTARY**

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.

This form will be removed from application prior to interview selection process.

(Please Print) Name: _____ Date: _____

GENDER ___ Male ___ Female ___ Do not wish to answer

RACIAL/ETHNIC DATA:

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

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or more races (not Hispanic or Latino)** - All persons who identify with more than one of the above races.

PROTECTED VETERANS (choose ALL that apply)

- Active Duty Wartime or Campaign Badge Veteran** - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran** - any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
- Disabled Veteran** - (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran** - a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.**
- I am NOT a protected veteran.**

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FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1

Enter Your Info

PLEASE PRINT

NAME _____

SOCIAL SECURITY NUMBER _____

CURRENT AGENCY NAME _____

PREVIOUS AGENCY NAME _____

2

Confirm Prior Membership

Have you ever been a member of a State of Florida-administered retirement plan?

No, I have never been a member of a State of Florida-administered retirement plan.

If No, skip to section 4.

Yes, I have been a member of a State of Florida-administered retirement plan.

If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

FRS Pension Plan (including DROP)

FRS Investment Plan

Senior Management Service Optional Annuity Program (SMSOAP)

State Community College System Optional Retirement Program (SCCSORP)

State University System Optional Retirement Program (SUSORP)

Other _____

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

3

Confirm Retiree Status

Are you retired from a State of Florida-administered plan? You are considered retired if:

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.

If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE _____

4

Sign Here

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

SIGNATURE _____

DATE _____

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

Review the Following Important Information Carefully

Section 2 – Confirm prior membership

If you answered NO - Not Previously Enrolled in the FRS

A New Hire Kit will be mailed to your address on file with your employer within 30 to 60 days after your hire date.

- You are responsible for ensuring your retirement plan election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
- If you do not submit an election choice, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.

If you answered YES - Previously Enrolled in the FRS

- If you were previously enrolled in the FRS, made an active election or defaulted into the FRS Pension Plan or FRS Investment Plan, and separated employment without retiring you will not receive a new choice window. You will continue to participate in the plan you were enrolled in at the time of separation and continue to accrue service credit under that plan.
- If you were previously enrolled in the FRS and did not make an election between the FRS Pension Plan and FRS Investment Plan during your previous enrollment in the FRS, you will receive a choice window with a designated choice deadline. This would include those who have never had an opportunity to make a retirement plan election, members with Pension Plan service prior to July 1, 2002, and who return to FRS employment today, and new hires on or after July 1, 2002 who had an election period established previously but separated employment before making an election or defaulting.
 - You are responsible for ensuring your election is received by the Plan Choice Administrator on or before 4:00 p.m. ET on the last business day of the 8th month following your month of hire.
 - If you do not submit an election, the Investment Plan will be considered your initial election by default. Exception: If you are enrolled in the Special Risk Class, the Pension Plan will be considered your initial default election.
 - If you elect or default to the Investment Plan, any accrued value you may have in the Pension Plan will be transferred to your Investment Plan account as your opening account balance and is subject to the vesting requirements of the Pension Plan. The initial transfer amount is an estimate, and your account will be reconciled within 60 days of the transfer using your actual FRS membership record pursuant to Florida law. You direct that all future employer and employee contributions be deposited in your Investment Plan account.

Section 3 – Confirm Retiree Status

If you are a Pension Plan retiree, you understand:

- If you are reemployed within six calendar months of retirement in any type of position with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
- If you are reemployed during months 7 through 12 after retirement in any type of position with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.

If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:

- If you are reemployed within the first six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
- If you are reemployed during calendar months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, **but is not limited to**, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.