



City of Crescent City
 3 NORTH SUMMIT STREET
 CRESCENT CITY, FLORIDA 32112-2599

City Hall: (386) 698-2525
 Police: (386) 698-1211
 Fire: (386) 698-1212
 Gas Dept: (386) 698-1486
 Water Dept: (386) 698-2525
 FAX: (386) 698-3467

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DRUG/SMOKE-FREE WORKPLACE

We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, marital, disability or any other legally protected status. Applicant with a disability who require accommodation for the application/interview process should direct a request in advance to City Hall.

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write **N/A** (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection or the application and/or termination of employment.

Position Applying for: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Alternate Phone: (_____) _____

Email: _____

PLEASE CHECK APPROPRIATE RESPONSES

1. If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No ___ N/A
2. Have you ever filed an application with us before? ___ Yes ___ No ___ N/A
3. Have you been employed with us before? ___ Yes ___ No
4. Are you currently employed? ___ Yes ___ No
5. May we contact your present employer? ___ Yes ___ No
6. Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No
7. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment) ___ Yes ___ No
8. On what date would you be available for work? _____
9. Are you available to work: ___ Full Time ___ Part Time ___ Temporary
 ___ Shift Work ___ AM ___ PM ___ Weekends
10. Can you travel if a job requires it? ___ Yes ___ No
11. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? ___ Yes ___ No
 If Yes, please give details: Date _____ ___ Felony ___ Misdemeanor

Details _____

Note: A conviction will not necessarily disqualify an applicant from employment

EMPLOYMENT HISTORY

List previous employment history for the last 5 years, starting with the most recent employment. Please indicate job-related volunteer, temporary, part-time work, and military experience. List all gaps in work history in spaces provided. Resumes may be provided to support employment history listed but will not be accepted in lieu of completing this section of the application.

Dates Employed (Month and Year)		Employer _____ Address _____ Telephone Number(s) _____
From	To	
Hours per Work: _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____		Your Job Title _____ Supervisor's Name and Title _____ Reason for Leaving Position _____
Specific Duties _____ _____		

BETWEEN THESE JOBS (If applicable) _____ Unemployed _____ In School _____ From (mo/yr) To (mo/yr) _____

Dates Employed (Month and Year)		Employer _____ Address _____ Telephone Number(s) _____
From	To	
Hours per Work: _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____		Your Job Title _____ Supervisor's Name and Title _____ Reason for Leaving Position _____
Specific Duties _____ _____		

BETWEEN THESE JOBS (If applicable) _____ Unemployed _____ In School _____ From (mo/yr) To (mo/yr) _____

Dates Employed (Month and Year)		Employer _____ Address _____ Telephone Number(s) _____
From	To	
Hours per Work: _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____		Your Job Title _____ Supervisor's Name and Title _____ Reason for Leaving Position _____
Specific Duties _____ _____		

BETWEEN THESE JOBS (If applicable) _____ Unemployed _____ In School _____ From (mo/yr) To (mo/yr) _____

Dates Employed (Month and Year)		Employer _____ Address _____ Telephone Number(s) _____
From	To	
Hours per Work: _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____		Your Job Title _____ Supervisor's Name and Title _____ Reason for Leaving Position _____
Specific Duties _____ _____		

ADDITIONAL INFORMATION

PERSONAL/PROFESSIONAL REFERENCES

1. _____ (_____) _____
 Name and Job Title Telephone Number
 _____ Personal _____ Professional
 Address

2. _____ (_____) _____
 Name and Job Title Telephone Number
 _____ Personal _____ Professional
 Address

3. _____ (_____) _____
 Name and Job Title Telephone Number
 _____ Personal _____ Professional
 Address

APPLICANTS CERTIFICATION

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW:



I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Crescent City is true and correct. I understand that false entries, misrepresentations, or material omissions provided on this application and all other information furnished in applying for employment are sufficient for dismissal, no matter how long after initial employment they are discovered.

I authorize investigation of all statements contained in this application for employment and all other information I have furnished in applying for employment as may be necessary in arriving at an employment decision. I further authorize release of all past employment records, police records, medical records, educational records, and other reference information for use by the City of Crescent City in this investigation.

I agree to comply with the City of Crescent City Rules and Regulations. I understand that such employment will begin with an introduction period of ninety (90) days from the date of hire. I further understand that my employment and completion of trial period will not result in an employment contract.

Subsequent to an offer of employment, I voluntarily give my consent to be medically examined and to be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any statement of fact may result in disqualification or dismissal.

Signature of Applicant

Date

EDUCATION/TRAINING/SKILLS

Language(s) other than English _____

Do you have a High School Diploma? Yes No GED? Yes No

If not, highest-grade level completed _____

Name and location of last High School attended _____
Name City State

LAST COLLEGE OR UNIVERSITY ATTENDED

Name & Location	Credit Hours	Did you Graduate?		Major/Minor Degree Field/ Program Studied	Type of Degree Received
		Yes	No		

LIST TRAINING BELOW (Business, Trade, Armed Forces, School, etc)

Name & Location	Total Hours Completed	Hours required for Certification?		Course /Subject taken	Certificate Received
		Yes	No		

DRIVERS LICENSE INFORMATION

Do you have a valid Driver's License? Yes No Driver's License Number _____

State _____ Expiration Date _____

License Type _____ Operator/Class E _____ Commercial/ Class A, B, or C _____ Chauffer/ Class D

Has your license ever been suspended? _____ Yes _____ No

If yes, please provide dates and explain _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

Personal Inquiry Waiver

Applicant's Name: _____

Date of Birth _____

Social Security Number _____ - _____ - _____

I respectfully request and authorize you to furnish the City of Crescent City all information that you have concerning my work record, school record, military record, reputation, and financial and credit status. Please include all medical, physical, and mental records and or Photostats of same if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the City of Crescent City.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

Applicant's Signature

Date

AFFIDAVIT

State of Florida
County of Putnam

Before me personally appeared the said _____
Who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of purpose therefore.

Sworn to and subscribed in my presents this ____ day of _____ 20____.

My Commission Expires

Notary Public