

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

### 3 NORTH SUMMIT STREET CRESCENT CITY, FLORIDA 32112-2599

### 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 the Appropriate	e Boxes	
1. If you are under 18 years of age, can you	provide required proof of your eligibility to	o work? Yes No N/A	
2. Have you ever filed an application with u	us before? Yes No	N/A	
3. Have you been employed with us before	??YesNo		
1. Are you currently employed?	Yes No		
5. May we contact your present employer?	Yes No		
	subject to recall? Yes	No	
7. Are you prevented from lawfully becomi	ng employed in this country because of Vis	a or Immigration Status?	
(Proof of citizenship or immigration	n status will be required upon employme	ent)Ye\$No	
100	work?		
570	Full Time Part Time To		
	Shift Work AM PM	Weekends	
10. Can you travel if a job requires it?	YesNo		
11. Have you ever been found guilty of, had	d adjudication withheld, or pled no contest	to any violation of law?Yes	
	Felony		
Details	,		
	arily disqualify an applicant from employme	ent	

### **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
From	То	Address
		Telephone Number(s)
Hours per Work:		Your Job Title
Starting Salary \$per		Supervisor's Name and Title
Last Salary \$	per	. Reason for Leaving Position
Specific Duties		
BETWEEN THI	ESE JOBS (If applica	able) Unemployed In SchoolFrom (mo/yr) To (mo/yr)
Dates Employed (	Month and Year)	Employer
From	То	Address
·		Telephone Number(s)
Hours per Work:	rinden is and the college The	
Starting Salary \$	per	Supervisor's Name and Title
Last Salary \$	per	Reason for Leaving Position
Specific Duties		
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## **ADDITIONAL INFORMATION**

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PERSONAL/PROFESSIO	NAL REFERENCES			
1. Name and Job Title	()Telephone Number			
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Adding	Personal Professional			
Address				
2.	()			
Name and Job Title	Telephone Number			
	Personal Professional			
Address	versonal versonal			
Name and Job Title	Telephone Number			
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	Personal Professional			
Address				
APPLICANTS CER	TIFICATION			
PLEASE READ THIS STATEMENT CAREF				
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 condrugs and/or controlled substances.	sent to be medically examined and to be tested for use of			
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			

*	ED	UCATION	/TRAINING/	/SKILLS	
				·	
Language(s) other than English					<del></del>
Do you have a High School Diploma	Yes	No	GED?	? Yes No	
If not, highest-grade level completed					
Name and location of last High Scho	ol attended				
		Name		City	State
	LAST C	OLLEGE OF	UNIVERSITY	' ATTENDED	
A STATE OF THE STA	Credit	Did you	Graduate?	Major/Miner Degree	Type of Degree
Name & Location	Hours	Yes	No	Field/ Program Studied	Received
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and the second s					
LIST TR	AINING BEL	OW (Busin	ess, Trade, A	rmed Forces, School, etc	3)
		Hour	s required for		
	Total Hou		ruification?	Course /Subject	Certificate
			· ciiicacioiii		
Name & Location	Complet	ed Yes		taken	Received
Name & Location	Complet	ed Yes			Received
Name & Location	Complete	ed Yes			Received
Name & Location	Complete	ed Yes			Received
Name & Location	Complet	ed Yes			Received
Name & Location				taken	Received
	DF	RIVERS LIC	No No ENSE INFORI	taken	
Do you have a valid Driver's License?	DF Yes	RIVERS LIC	ENSE INFORI	MATION License Number	
	DF Yes	RIVERS LIC	ENSE INFORI	taken	
Do you have a valid Driver's License?	DF Yes	RIVERS LIC	ENSE INFORI  Driver's  State	MATION  License Number  Expiration Date	
Do you have a valid Driver's License?Operate	DF Yes	RIVERS LIC	ENSE INFOR	MATION  License Number  Expiration Date _	
Do you have a valid Driver's License?  License Type Operato  Has your license ever been suspended?	DF Yes	RIVERS LIC	ENSE INFORI  Driver's  State  ommercial/ Clas	MATION  License Number  Expiration Date  ss A, B, or C	
Do you have a valid Driver's License?Operate	DF Yes	RIVERS LIC	ENSE INFORI  Driver's  State  ommercial/ Clas	MATION  License Number  Expiration Date  ss A, B, or C	
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# Personal Inquiry Waiver

Applicant's Name:	
Date of Birth	
I respectfully request and authorize you to furnish concerning my work record, school record, military record, regis to be used to assist in determining my qualifications and Crescent City.	in the second
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
AFFIDA	VIT
State of Florida	
County of Putnam	•
Before me personally appeared the said	
Who says that he/she executed the above instrument of	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
<del></del>	
My Commission Expires	Notary Public