



CITY OF FERNANDINA BEACH

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date of Application ____/____/____

As an Equal Opportunity Employer, it is the policy of the City of Fernandina Beach to afford equal employment opportunity to all individuals, regardless of their race, color, creed, religion, sex, national origin, age, marital status, military/veteran status, protected characteristics, or any non-job-related disability or medical condition.

POSITION INFORMATION

Position applying for: _____ Location: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip)

Home Telephone Number: _____ Cell Telephone Number: _____
(Area Code) (Area Code)

Email Address: _____

Other names under which you have been employed by this company or any other names that are necessary to check employment or educational history: _____

Referral Source: _____

Do you have relatives currently working for the CITY OF FERNANDINA BEACH?

___ Yes ___ No

If yes, list name(s), relationship, position, and location. _____

Have you previously worked as an employee for the CITY OF FERNANDINA BEACH?

___ Yes ___ No

If yes, last date of employment: ____/____/____ Employee ID # _____

Have you been convicted of a felony within the past 5 years? ___ Yes ___ No

NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location and explain:

Have you ever been convicted of a drug or alcohol related offense? ___ Yes ___ No

NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location and explain:

PERSONAL INFORMATION continued

Can you perform the essential job requirements as described to you, with or without accommodation?

___ Yes ___ No

If "No", please explain: _____

Do you have any commitments to another employer that might affect your employment with our company?

___ Yes ___ No

If "Yes", please explain: _____

Date available for work: ___/___/___

WORK PREFERENCE

Type of employment desired: ___ Full-Time ___ Part-Time ___ Seasonal

EDUCATION AND TRAINING

High School: _____
(Name of School) (City, State)

Did you graduate: ___ Yes ___ No If no, did you obtain GED? ___ Yes ___ No

College: _____
(Name of College) (City, State)

Did you graduate: ___ Yes ___ No

If no, # of hours completed _____ Degree: _____

Graduate School: _____
(Name of School) (City, State)

Did you graduate: ___ Yes ___ No

If no, # of hours completed _____ Degree: _____

Correspondence or Trade School: _____
(Name of School) (City, State) (Course of Study)

Do you have any professional licenses and/or certifications that are job related?

If "Yes", please list:

Have you ever served in the U.S. Military Service? ___ Yes ___ No If "Yes," Branch? _____

Type of skills and training:

Rank: _____

EMPLOYMENT HISTORY

Begin with the most recent place of employment and go back 10 years. All information will be treated confidentially.

<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>

EMPLOYMENT HISTORY CONTINUED

Begin with the most recent place of employment and go back 10 years. All information will be treated confidentially.

<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>
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<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>

PLEASE READ CAREFULLY

AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I authorize the City of Fernandina to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contracted by the Company to furnish any information relevant to my application for employment. I agree to sign all necessary release forms to be provided to these third parties for the release of such information. I understand that any misrepresentation or omissions of fact requested is cause for dismissal.

I understand that any offer of employment is conditioned on my successful completion of a post-offer drug screening.

I FURTHER UNDERSTAND AND AGREE THAT, EXCEPT AS IT MAY BE PROVIDED OTHERWISE BY APPLICABLE COLLECTIVE BARGAINING AGREEMENT, EMPLOYMENT WITH THE CITY OF FERNANDINA BEACH IS AT WILL AND THAT EITHER I OR THE COMPANY CAN TERMINATE MY EMPLOYMENT AND COMPENSATION, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. I ACKNOWLEDGE THAT NO REPRESENTATIONS, EITHER ORAL OR WRITTEN, HAVE BEEN MADE TO ME TO THE CONTRARY AND THAT ANY PRE-EXISTING UNDERSTANDINGS WHICH CONTRADICT AN AT WILL STATUS OF EMPLOYMENT ARE CANCELLED. FURTHER, I UNDERSTAND THAT ONLY THE CITY COMMISSION HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY FIXED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING AND AUTHORIZED BY THE CITY COMMISSIONERS.

In consideration of my employment, I agree to conform to the rules and policies of the City of Fernandina Beach.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPHS AND AGREE TO THE FOREGOING CONDITIONS OF EMPLOYMENT.

Signature

Date

The CITY OF FERNANDINA BEACH is an Equal Opportunity Employer- We Do Not Discriminate on the Basis of Race, Color, Religion, Sex, National Origin, Age, Disability, Veteran Status or any other protected characteristic.

CITY OF FERNANDINA BEACH

BACKGROUND CHECK / AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: Under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681, ET. seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit the City of Fernandina Beach to obtain, any person, firm or entity to release to the City, the following: 1) my employment record; 2) records concerning any criminal history; 3) records concerning my driving history; 4) for truck drivers only, in accordance with the Dept. Of Corporation 382.431 information concerning drug and alcohol information for the past two years; 5) records concerning my credit history, when this information is indicative of a bona fide occupational qualification (BFOQ); 6) records concerning my workers compensation history (post-offer); 7) verification of my academic and/or professional credentials; and 8) information and/or copies of documentation from my military service records. The above items, which constitute an "investigative consumer report", may include information as to my character, general reputation, personal characteristics, and mode of living. I agree that a copy of this authorization has the same effect as the original. I hereby release and hold harmless any person firm or entity that discloses matters in accordance with this authorization and the City of Fernandina Beach from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are further advised under said act that you may request a copy of this report from the consumer reporting agency that compiled said report after proper identification has been received.

THE CITY OF FERNANDINA BEACH COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: CLASSIFICATION OF ACCOUNTS; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, TRACKING, BENEFIT PROCESSING, TAX REPORTING, AND BACKGROUND CHECKS FOR EMPLOYMENT PURPOSES. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.

APPLICANT INFORMATION (Please Print):

<hr/> Full Name (Last, First, Middle)		<hr/> Social Security Number
Aliases: (include maiden name) _____		<hr/> Telephone
Please list all residences where you have lived during the past five years:		
<hr/> Current Address, City, State, Zip	<hr/> COUNTY	<hr/> From (Mo. /Yr.) To (Mo. /Yr.)
<hr/> Previous Address, City, State, Zip	<hr/> COUNTY	<hr/> From (Mo. /Yr.) To (Mo. /Yr.)
<hr/> Previous Address, City, State, Zip	<hr/> COUNTY	<hr/> From (Mo. /Yr.) To (Mo. /Yr.)
<hr/> Previous Address, City, State, Zip	<hr/> COUNTY	<hr/> From (Mo. /Yr.) To (Mo. /Yr.)
Valid Driver's license # _____	State: _____	Exp. Date: _____
Date of Birth: _____ (For purposes of obtaining Driver's License Information Only) MM/DD/YY		

Signature _____
Date

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY

TO ALL APPLICANTS:

The CITY OF FERNANDINA BEACH considers qualified applicants for employment, without regard to race, color, religion, sex, national origin, disability, veteran status or age. In order that we comply with our equal employment record keeping requirements, the following is a questionnaire to be filled out by all applicants. This questionnaire will be kept in a confidential file. It will not adversely affect your opportunity for employment.

Name _____

Date _____

Position Applying For _____

Posting # _____

How were you referred to our company?

Check one:

Female

Male

Check one:

American Indian/Alaskan Native

Asian/Pacific Islander

Black

Hispanic

White