



CITY OF PALMETTO

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER
DRUG FREE WORKPLACE

Where to find Vacancy Information:

Internet: www.palmettofl.org Departments/City Hall/Human Resources
City Hall: 516 8th Avenue West, Palmetto Florida 34221 Ph: (941) 723-4570

GENERAL INSTRUCTIONS

- Please type or print this application in its entirety
- An application must be submitted to be considered for any position
- Specify the position for which you are applying
- Applications are only accepted if position is available
- All fields must be complete unless not applicable
- Please submit application to Human Resources at City Hall
- Sign your name in certification section. All information you submit is subject to verification.
- Falsification of any information will disqualify you from consideration for any position within the City of Palmetto.

POSITION APPLIED FOR:

POSITION:

DEPARTMENT:

DATE OF APPLICATION:

DATE AVAILABLE:

HOW DO WE CONTACT YOU:

LAST NAME:

FIRST NAME:

MI:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?	<u> </u>	<u> </u>
	YES	NO
IF YES, GIVE DATE: _____		
HAVE YOU BEEN EMPLOYED WITH THE CITY BEFORE?	<u> </u>	<u> </u>
	YES	NO
IF YES, GIVE DATE: _____		
ARE YOU CURRENTLY EMPLOYED?	<u> </u>	<u> </u>
	YES	NO
MAY WE CONTACT YOUR PRESENT EMPLOYER?	<u> </u>	<u> </u>
	YES	NO

EDUCATION

HIGH SCHOOL	
NAME OF SCHOOL: _____	LOCATION: _____
DIPLOMA: _____	OTHER: _____
NONE: _____	
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	
(Transcripts may be required)	
NAME OF SCHOOL: _____	LOCATION: _____
MAJOR/MINOR COURSE OF STUDY: _____	CREDIT HOURS EARNED: _____
TYPE OF DEGREE: _____	
LICENSURE, REGISTRATION, CERTIFICATION	
(Please submit copy of document)	
LICENSE, REGISTRATION OR CERTIFICATION: _____	
NUMBER: _____	DATE RECEIVED: _____
EXP DATE: _____	
STATE LICENSING AGENCY: _____	
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:	
DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:	

EMPLOYMENT HISTORY

1. PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: (_____)

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: _____ FROM _____ TO _____ RATE/SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

2. EMPLOYER: _____

ADDRESS: _____ PHONE: (_____)

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: _____ FROM _____ TO _____ RATE/SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

3. EMPLOYER: _____

ADDRESS: _____ PHONE: (_____)

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: _____ FROM _____ TO _____ RATE/SALARY: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

4. EMPLOYER: _____

ADDRESS: _____ **PHONE:** (_____)

JOB TITLE: _____ **SUPERVISOR:** _____

DATES EMPLOYED: _____ **FROM** _____ **TO** _____ **RATE/SALARY:** _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

5. EMPLOYER: _____

ADDRESS: _____ **PHONE:** (_____)

JOB TITLE: _____ **SUPERVISOR:** _____

DATES EMPLOYED: _____ **FROM** _____ **TO** _____ **RATE/SALARY:** _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE:

DRIVERS LICENSE

DO YOU HAVE A VALID DRIVERS LICENSE? **YES** **NO**

HAS YOUR LICENSE EVER BEEN SUSPENDED/REVOKED? **YES** **NO**

IF YES, PLEASE EXPLAIN: _____

DRIVER'S LICENSE NUMBER: _____

CITIZENSHIP

ARE YOU A U.S CITIZEN?

YES

NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

YES

NO

IF YES, PROOF OF EMPLOYMENT AUTHORIZATION WILL BE REQUIRED UPON EMPLOYMENT

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH THE CITY OF PALMETTO?

YES

NO

IF YES, NAME: _____ DEPT: _____

RELATIONSHIP: _____

MILITARY SERVICE – ALL APPLICANTS WITH PRIOR MILITARY SERVICE MUST COMPLETE THIS SECTION

HAVE YOU EVER SERVED IN THE MILITARY?

YES

NO

IF YES, WHAT BRANCH? _____

DATES OF SERVICE? _____

TYPE OF DISCHARGE? _____

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLEAD GUILTY OR NO CONTEST TO A CRIMINAL CHARGE, OR ENTERED INTO AN AGREEMENT SETTING FORTH THE TERMS LEADING TO THE REDUCTION OR DISMISSAL OF THE CHARGES?

YES

NO

IF YES, PLEASE EXPLAIN: _____

WHERE CONVICTED? _____ DATE OF CONVICTION: _____

ADDITIONAL INFORMATION RELEVANT TO THE POSITION YOU SEEK

PROFESSIONAL REFERENCES (3 OUT OF 5)

1.	_____ ()	_____
	NAME	PHONE
2.	_____ ()	_____
	NAME	PHONE
3.	_____ ()	_____
	NAME	PHONE
4.	_____ ()	_____
	NAME	PHONE
5.	_____ ()	_____
	NAME	PHONE

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please read carefully)

PROBATION PERIOD: I understand that my position with the City is at-will during the probationary period. My employment may be ended before the expiration of that period for any non-discriminatory reason without recourse.

DRUG SCREENING/PHYSICAL EXAMINATION: I understand that I must take and pass a Physical Examination, and depending on the position, a Drug Screening before the decision to hire me is complete. The City of Palmetto will not hire any person found to have a confirmed positive test for illegal drugs.

STATEMENT OF APPLICANT: I certify that all answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I hereby release all companies, schools or persons from my liability for any damage for issuing this information. I understand that the City may request driver's license, credit and/or criminal reports about me. I have the right to request that the City completely and accurately disclose to me the contents of those reports, upon written request to the Human Resource Department.

CERTIFICATION: I understand that falsification, omission, misleading statements, or misrepresentation is cause for rejection of this application or dismissal from employment. I understand that this application is a Public Record and is subject to the provisions of Florida Statutes chapter 119. I realize that this application is not a contract of employment and does not imply that I will be interviewed for a position or hired.

UPON TERMINATION OF EMPLOYMENT I UNDERSTAND THAT THE CITY MAY HOLD MY FINAL PAYCHECK UNTIL FINAL ACCOUNTING IS MADE FOR ANY CITY PROPERTY IN MY CUSTODY.

I hereby acknowledge that I have read and understand each of the above statements.

Signature: _____

Date: _____