



APPLICATION FOR EMPLOYMENT

I. PERSONAL INFORMATION

Date: _____ Social Security# _____

Check here if you are at least 19 years of age: _____

Name: _____
Last First Middle

*List any aliases or other names ever used: _____

Present Address: _____
Street City State Zip Code

Phone # _____ E-mail Address: _____

Citizen of the U.S.A.: _____ YES _____ NO

Resume Attached: _____ YES _____ NO (not required)

Are you related to anyone in our organization? _____ YES _____ NO

Referred by: _____

Emergency contact:

Name Relationship Phone Number

Street City State/Zip Code

Position applying for: _____

Have you applied for a position before? _____

If so, when and what position? _____

II. EDUCATION: Name/Location Yrs.Attended Date Graduated
 High School _____
 College _____
 Trade, Business, or Correspondence School _____

III. RESIDENCE (past 10 yrs.) List chronologically to include military, college campus. If post office box list city of it.

From		To				
Month/Yr.	Month/Yr.	Apt.No.	Street Address	City	County	State

IV. WORK HISTORY (Provide at least last ten (10) years), Explain any lapses of work (if any) during that period. Begin with present going backwards. This section must be completed even if a resume is attached. (Attach a separate sheet if necessary)

(1) Name of previous employer: _____
 Address: _____
 Your job title: _____
 From: ____/____/____ Hours per week: _____
 To: ____/____/____ Annual Salary: _____/_____
Starting Ending

Supervisor's Name: _____ Title: _____ Phone No. _____
 Duties and Responsibilities _____

Reason for Leaving _____

(2) Name of previous employer: _____

Address: _____

Your job title: _____

From: ____/____/____

Hours per week: _____

To: ____/____/____

Annual Salary: _____/_____

Starting Ending

Supervisor's Name: _____ Title: _____ Phone

No. _____

Duties and responsibilities _____

Reason for leaving _____

(3) Name of previous employer: _____

Address: _____

Your job title: _____

From: ____/____/____

Hours per week: _____

To: ____/____/____

Annual Salary: _____/_____

Starting Ending

Supervisor's Name: _____ Title: _____ Phone No. _____

Duties and Responsibilities _____

Reason for Leaving _____

4) Name of previous employer: _____

Address: _____

Your job title: _____

From: ____/____/____

Hours per week: _____

To: ____/____/____

Annual Salary: _____/_____

Starting Ending

Supervisor's Name: _____ Title: _____ Phone No. _____

Duties and Responsibilities _____

Reason for Leaving _____

Previous Employment Questionnaire:

1. Have you ever been dismissed or asked to resign from any employment or position you have held, or have you quit any job after being told you were fired? _____ Yes _____ No. If yes, please provide details.

Employer' s Name: _____ Date: _____

Reason: _____

2. Have you left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? _____ Yes _____ No. If yes, please provide details.

Employer' s Name: _____ Date: _____

Reason: _____

3. Have you left a job for other reasons under unfavorable circumstances? _____ Yes _____ No
If yes, please provide details.

Employer' s Name: _____ Date: _____

Reason: _____

4. Have you ever had any disciplinary action taken against you by an employer or in any position you have held? _____ Yes _____ No. If yes, please provide details.

Employer' s Name: _____ Date: _____

Reason: _____

5. Have you ever been fingerprinted for any reason (arrest, job application, military, etc)?
_____ Yes _____ No. If yes, please give date(s) and reason(s) printed:

VI. DRIVING HISTORY

1. Are you a licensed automobile operator? _____ Yes _____ No _____ State License #

_____ Date of expiration _____ Restrictions _____

(Attach a copy)

2. Do you hold, or have you ever held a license in any state other than the one listed in question #1?

_____ Yes _____ No. If yes, please provide state(s), name used, and approximate dates of license(s)

was/were held. _____

VII. MILITARY HISTORY

1. Are you registered for Selective Service? _____ Yes _____ No SS# _____
Classification _____ Date of Classification _____
Address of Local Board _____

2. Have you ever served on active duty in the Armed Forces of the United States? _____ Yes _____ No
Branch of Service _____ Highest Rank _____
Serial Number _____
Dates of Duty (mo/day/yr) From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

3. Discharge(s): Provide information for any period(s) of service. (Attach a copy of all DD Form 214s)

Type _____ Basis _____ Date _____ Separation Center _____
Type _____ Basis _____ Date _____ Separation Center _____
Type _____ Basis _____ Date _____ Separation Center _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard?
_____ Yes _____ No _____ Present _____ Former Branch of Service _____

5. If you attend drills give name of unit and location. _____

6. Was any type of disciplinary action taken against you in the service? (Be sure to include nonjudicial punishment(s), if applicable) _____ Yes _____ No. If yes, please provide details.

7. Do you wish to claim Veteran's Preference? If **YES**, you must include a copy of your DD214.
_____ Yes _____ No

If you claim Veteran's Preference, you must submit required documentation at the time you apply for employment (late submissions will NOT be accepted). Please attach a copy of your DD214 to this application, fax it to (850) 648-8196, drop it off at City Hall at 1202 Hwy 98, Mexico Beach FL 32456, or mail it to P.O. Box 13425, Mexico Beach, FL 32410.

If any preference eligible applicant claiming Veteran's Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to a position. To commence the investigation, the applicant must file a written complaint addressed to Department of Veterans' Affairs, 840 W. 11th Street, Panama City, FL 32401. A complaint shall be filed within 21 days after notice of the hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

VIII. REFERENCES AND ACQUAINTANCES

1. References - Give (2) references (not relatives, former employees, or schoolteachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name _____ (Last, First, Middle) Yrs.Acq: Occupation:	Home Address: _____ City & State: _____ Home Phone: _____ Business Address: _____ City & State: _____ Business Phone: _____
Complete Name _____ (Last, First, Middle) Yrs. Acq: Occupation:	Home Address: _____ City & State: _____ Home Phone: _____ Business Address: _____ City & State: _____ Business Phone: _____

2. Social acquaintances: List two (2) social acquaintances that have known you for at least five (5) years.

Name: _____ Address: _____
 Phone Number: _____ (Day) _____ (Evening)

Name: _____ Address: _____
 Phone Number: _____ (Day) _____ (Evening)

Carefully review your answers on this form and any attached sheets or documents. An incomplete application may result in your not being considered for a position with the City of Mexico Beach.

I, certify that, to the best of my knowledge and belief, all the information on, and attached to, this application is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question, on any part of this application or its attachments, may be grounds for not hiring me or for termination after I begin work. I understand that any information I give may be investigated for purposes of determining eligibility for employment. I hereby release all persons, schools, employers and organizations named herein from all liability for any damage whatsoever for issuing this information concerning me.

Applicant's signature _____ Date _____