



CITY OF CRESTVIEW

OFFICE OF THE CITY CLERK

P. O. DRAWER 1209, CRESTVIEW, FLORIDA 32536

PHONE # (850) 682-1560 FAX # (850) 682-8077

To: All Applicants

From: Elizabeth M. Roy, City Clerk

Subject: Application Process/Collection of Personal Information

As part of the application process, it may be necessary for us to conduct a background investigation on you. For these reasons you will be required to provide your social security number on your application. Please be advised, that your social security number will be used solely for this purpose.

This is to also inform you that your social security number is exempt from Florida's public records laws and will not be furnished to anyone, unless properly subpoenaed by a court of law.

We hope you understand why we may need to know your social security number and how it will be used and protected. If you have any questions or concerns about the use of your social security number, please call the City Clerk's office at 682-1560.

Please be advised that you must take and pass a physical examination that will include a drug screening test before any hiring decisions are finalized.

INSTRUCTIONS:

Please fill out this application accurately and completely.

Please print clearly or type all information. If an item does not apply, insert N/A (not applicable).

Attach any diplomas, certificates, or other documents you feel will help in the evaluation of your application. All materials submitted become property of the City of Crestview and will not be returned.

If you are selected for employment, the City is required by federal law to verify having seen documents which the applicant must provide, that show (1) the applicant's identity and (2) the applicant's right to work in the United States.

Fax copies will not be accepted.

An incomplete application will be rejected.



CITY OF CRESTVIEW
 Office of the City Clerk
 P.O. Box 1209
 Crestview, Florida 32536

APPLICATION FOR EMPLOYMENT
 "AN EQUAL OPPORTUNITY EMPLOYER"

Position Applied For:	Date:
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PERSONAL

Full Name: _____		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address: _____		
<i>Street Address</i>	<i>Apartment/Unit #</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone: () _____	E-mail Address: _____	
Date Available: _____	Social Security No.: _____	

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the City of Crestview?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Are you related to anyone working at the City of Crestview	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give: Relationship:		

Have you ever been convicted of any offense against the law, or pleaded guilty, nolo contendere (no contest), or had adjudication withheld, or entered a court sponsored program, or forfeited collateral, or are you now under charges for any offense against the law? You may omit: (1) Traffic Violations, (2) Parking Violations; and (3) any offense committed before your 18 th birthday which was finally adjudicated in a Juvenile Court or under a Youth Offender law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
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List any special skills, software or abilities that would qualify you for this position. **Please submit copies of any valid professional or occupational license(s), registration(s) or membership(s) relevant to the position. For example: Florida Certificate in Water/Wastewater Treatment; Florida Professional Engineering Registration; etc.**

Please list three professional references, other than relatives who have knowledge of your work experience and/or education.

Full Name:		Relationship:	
Occupation:		Phone: ()	
Address:			
Full Name:		Relationship:	
Occupation:		Phone: ()	
Address:			
Full Name:		Relationship:	
Occupation:		Phone: ()	
Address:			

EDUCATION

High School:			Address:			
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:			Address:			
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other Training:			Address:			

Employer:			Phone: ()		
Address:			Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$	
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer:			Phone: ()		
Address:			Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$	
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer:			Phone: ()		
Address:			Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$	
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If you are eligible for veteran's preference, please provide form DD-214 at the time of the application. Check the appropriate block if you are claiming veteran's preference:

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veteran's Affairs and the Department of Defense, **or**
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, Captured, or forcibly detained by a foreign power, **or**
- 3. A veteran who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under Honorable conditions from the Armed Forces of the United States of America, **or**
- 4. The unmarried widow or widower of a veteran who died of a service-related disability.
- 5. Any Armed Forces Expeditionary Medal is qualifying for veteran's preference. The Global War on Terrorism Expeditionary Medal is qualifying for veteran's preference, provided the individual is otherwise eligible.

NOTE: Under Florida law, preference in appointment shall be given by the state to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003 St. Petersburg, Florida, 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

APPLICANT'S CERTIFICATION AND AGREEMENT:

CERTIFICATION: I certify that answers given herein are true to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application: interview(s) or any part of the employment process may result in my discharge. I understand that if offered employment with the City of Crestview, I will be required to provide proof of eligibility to work in the United States and will be required to abide by all City of Crestview rules and regulations.

AGREEMENTS:

I am furnishing my Social Security Number on a voluntary basis with the understanding that law or regulation does not require such. I have been advised that the City of Crestview will utilize this number only to facilitate the location of my records in order to conduct background investigations.

PHYSICAL EXAMINATION: I understand I must take and pass a physical examination before the decision to hire me is complete. I understand that the physical examination will include a drug screening test. Any illegal or unprescribed controlled substance which shows in my test results will cause my immediate disqualification for employment with the City of Crestview.

DRUG FREE WORKPLACE: I understand and agree that the City of Crestview is a drug free workplace. The City of Crestview may conduct drug screenings for: Job applicant testing, routine fitness for duty testing, reasonable suspicion testing, post accident and injury testing, follow-up testing and return to duty testing.

Disclosure Statement: By this document, the City of Crestview discloses to you that various reports may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. I understand that these reports will not be used for any purpose other than employment. Please sign below to signify acknowledgement of this disclosure and authorization for the City of Crestview to request copies of such reports.

Upon termination of employment, I understand the City may hold my final paycheck until a final accounting is made for any City of Crestview property in my custody, or any monies owed the City of Crestview.

Applicants needing accommodations to complete this application should contact the City Clerk's Office – Payroll Division at 682-1560 ext. 268.

Signature

Date

Thank you for your interest in the City of Crestview. Because of the volume of applications we receive each day, we are unable to contact applicants unless they are selected for interviews.

VISIT OUR WEBSITE FOR AVAILABLE OPENINGS: www.cityofcrestview.org

FOR OFFICE USE ONLY		
<input type="checkbox"/> College Transcripts	<input type="checkbox"/> Driver License	<input type="checkbox"/> DD214 (military discharge)
<input type="checkbox"/> High School Diploma/GED Certificate	<input type="checkbox"/> State Certifications	
Received by _____	Date(s): _____	
Incomplete _____		
Position applied _____		
Date sent to Department _____	Department _____	

EMPLOYMENT APPLICATION SUPPLEMENT

To: Applicants for Employment

The Uniform Guidelines on Employee Selection Procedures require records to be kept by sex and the five race/ethnic categories defined by the Equal Employment Opportunity Commission. The Uniform Guidelines on Employee Selection Procedures have been adopted as final rules by the Equal Employment Opportunity Commission, the Office of Personnel Management, the Department of Justice, the Department of Labor and the Treasury Department.

The City of Crestview City Clerk's Department has adopted safeguards to insure that the records required are only used for appropriate purposes within the Payroll Division. The information requested below is needed to satisfy Federal Equal Employment Opportunity reporting and research requirements. This information will **NOT** be used to evaluate your application and will be filed separately.

Although the following is not mandatory, it is requested to aid the City of Crestview in its commitment to Equal Employment Opportunity. It is unlawful for an employer to fail or refuse to hire any individuals or deprive any individual for employment opportunities because of race, color, religion, sex, national origin, age, marital status, or disability. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, FL 32303.

(Please print)

Name: _____
Last First Mi

Date: _____ Social Security Number: _____

Birth Date: _____ Sex: Male Female

Zip Code: _____ Veteran: Yes No

Please check the box next to the ethnic group you belong (select only one):

- American Indian or Alaskan Native
(the original people of North America and who maintain cultural identification through tribal affiliation or community recognition)
- Asian or Pacific Islanders
(the original people of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands)
- Hispanic
(all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race)
- Black (not of Hispanic origin)
- White (not of Hispanic origin)