



Note: This application must be completed in its entirety and signed if you wish to be considered for employment. Information submitted on the application may be subject to verification. Completed applications are to be returned to City Hall, 85 E Central Ave. Webster, Florida 33597

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
SOCIAL SECURITY NUMBER: _____ EYES: _____ HAIR: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
TELEPHONE NUMBER: _____
(HOME) (CELL)
MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)
DRIVER LICENSE NUMBER: _____
(NUMBER) (STATE) (CLASS)
EXPIRATION DATE: _____

EDUCATION

NAME AND ADDRESS OF HIGH SCHOOL: _____
RECEIVED: () DIPLOMA () EQUIVALENCY DATE RECEIVED: _____
NONE, HIGHEST GRADE COMPLETED _____
YOUR NAME IF DIFFERENT FROM APPLICATION: _____

.....
NAME AND ADDRESS OF BUSINESS, CORRESPONDENCE, TRADE OR VOCATIONAL SCHOOL

DATE OF ATTENDANCE (MONTH/YEAR) FROM: _____ TO: _____
AREA OF STUDY: _____

.....
INDICATE THE POSITION YOU ARE APPLYING FOR _____
.....

DO YOU CURRENTLY HAVE A RELATIVE EMPLOYED BY THE CITY OR ARE YOU RELATED TO AN ELECTED OFFICIAL OF THE CITY? YES/NO. IF YES PLEASE GIVE THE NAME OF THE EMPLOYEE AND RELATIONSHIP _____

DO YOU SPEAK OR WRITE ANY LANGUAGE OTHER THAN ENGLISH YES _____ NO _____
IF YES WHICH LANGUAGE? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST-DEGREE MISDEMEANOR? YES _____ NO _____
IF YES, WHAT WERE THE CHARGES _____
WHERE CONVICTED _____

NOTE: A YES ANSWER TO THESE QUESTIONS WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. THE NATURE, SEVERITY, AND DATE OF THE OFFENSE IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING ARE CONSIDERED.

EMPLOYMENT EXPERIENCE

DESCRIBE YOUR WORK EXPERIENCE IN SUFFICIENT DETAIL, BEGINNING WITH THE MOST CURRENT/RECENT JOB. USE A SEPARATE BLOCK TO DESCRIBE EACH POSITION. INCLUDE MILITARY SERVICE (INDICATE RANK) AND VOLUNTEER WORK, IF APPLICABLE INDICATE NUMBER OF EMPLOYEES SUPERVISED. ATTACH ADDITIONAL SHEETS IF NECESSARY, USING THE SAME FORMAT AS ON THE APPLICATION.

1. NAME OF NEXT PREVIOUS EMPLOYER: _____
ADDRESS: _____
YOUR JOB TITLE: _____ SUPERVISOR'S NAME _____
FROM: _____ TO: _____ ANNUAL SALARY: _____ / _____
(MO/YR) (MO/YR) (HR/WK)
MAY WE CONTACT YOUR EMPLOYER? YES _____ NO _____ TELEPHONE: _____
DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING: _____

2. NAME OF NEXT PREVIOUS EMPLOYER: _____
ADDRESS: _____
YOUR JOB TITLE: _____ SUPERVISOR'S NAME _____
FROM: _____ TO: _____ ANNUAL SALARY: _____ / _____
(MO/YR) (MO/YR) (HR/WK)
MAY WE CONTACT YOUR EMPLOYER? YES _____ NO _____ TELEPHONE: _____
DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING: _____

3. NAME OF NEXT PREVIOUS EMPLOYER: _____
ADDRESS: _____
YOUR JOB TITLE: _____ SUPERVISOR'S NAME _____
FROM: _____ TO: _____ ANNUAL SALARY: _____ / _____
(MO/YR) (MO/YR) (HR/WK)
MAY WE CONTACT YOUR EMPLOYER? YES _____ NO _____ TELEPHONE: _____
DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING: _____

4. NAME OF NEXT PREVIOUS EMPLOYER: _____
ADDRESS: _____
YOUR JOB TITLE: _____ SUPERVISOR'S NAME _____
FROM: _____ TO: _____ ANNUAL SALARY: _____ / _____
(MO/YR) (MO/YR) (HR/WK)
MAY WE CONTACT YOUR EMPLOYER? YES _____ NO _____ TELEPHONE: _____
DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING: _____

.....
DATE AVAILABLE TO BEGIN WORK: _____
(MO/DAY/YR)
.....

REFERENCES

LIST THREE PERSONAL REFERENCES THAT YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR. DO NOT INCLUDE RELATIVES.

1. _____
(NAME) (PHONE NUMBER)
2. _____
(NAME) (PHONE NUMBER)
3. _____
(NAME) (PHONE NUMBER)

PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

