



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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## VETERANS PREFERENCE/MILITARY SERVICE

CHECK IF YOU ARE CLAIMING VETERAN'S PREFERENCE AS:

\_\_\_\_\_ A DISABLED VETERAN WHO IS ELIGIBLE FOR OR RECEIVING COMPENSATION UNDER PUBLIC LAWS ADMINISTERED BY THE UNITED STATES VETERANS ADMINISTRATION AND THE DEPARTMENT OF DEFENSE, OR

\_\_\_\_\_ THE SPUSE OF A VETERAN WHO CANNOT QUALIFY FOR EMPLOYMENT BECAUSE OF A TOTAL OR PERMANENT DISABILITY, OR THE SPOUSE OF A VETERAN MISSING IN ACTION, CAPTURED OR FORCIBLY DETAINED BY A FOREIGN POWER, OR

\_\_\_\_\_ A VETERAN OF ANY WAR OR WHO HAS SERVED ON ACTIVE DUTY FOR 180 CONSECUTIVE DAYS OR MORE DURING WARTIME ERA, OR

\_\_\_\_\_ THE UNREMARKED WIDOW OR WIDOWER OF A VETERAN WHO DIED AS A RESULT OF A SERVICE-CONNECTED DISABILITY.

BRANCH OF SERVICE \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_

DATE OF HONORABLE DISCHARGE \_\_\_\_\_

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## EEO SURVEY

THE FOLLOWING INFORMATION IS REQUESTED TO AID THE CITY OF WEBSTER IN ITS COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. IT IS UNLAWFUL FOR AN EMPLOYER TO FAIL OR REFUSE TO HIRE ANY INDIVIDUAL OF EMPLOYMENT OPPORTUNITIES BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR HANDICAP.

1. SEX: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

2. DO YOU HAVE A DISABLING HANDICAPPING CONDITION? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
IF YES, PLEASE SPECIFY: \_\_\_\_\_

3. RACE:

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE-A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA), AND WHO MAINTAINS CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION.

\_\_\_\_\_ BLACK OR AFRICAN AMERICAN-A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA. TERMS SUCH AS HAITIAN OR NEGRO CAN BE USED IN ADDITION TO BLACK OR AFRICAN AMERICAN.

\_\_\_\_\_ ASIAN-A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, INDIA, OR THE PACIFIC ISLANDS.

\_\_\_\_\_ HISPANIC OR LATINO (ALL RACES)-A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.

\_\_\_\_\_ WHITE-A PERSON HAVING ORIGINS IN EUROPE, NORTH AFRICA, OR THE MIDDLE EAST.

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## CERTIFICATION

I AM AWARE THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS, OR MISREPRESENTATIONS MAY DISQUALIFY ME FOR EMPLOYMENT CONSIDERATION AND, IF I AM HIRED, MAY BE GROUNDS FOR TERMINATION AT A LATER DATE.

I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED AS ALLOWED BY LAW. I CONSENT TO THE RELEASE OF INFORMATION ABOUT MY ABILITY AND FITNESS FOR CITY OF WEBSTER EMPLOYMENT BY EMPLOYERS, SCHOOLS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND ORGANIZATIONS TO INVESTIGATORS, PERSONNEL STAFF, AND OTHER AUTHORIZED EMPLOYEES OF CITY OF WEBSTER FOR EMPLOYMENT PURPOSES.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

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SIGNATURE

DATE