

CITY OF BONIFAY

Employment Application



301 J. Harvey Etheridge Street, Bonifay, Florida 32425
Phone (850) 547-4238 Fax (850) 547-9014

INSTRUCTIONS

This application must be typed or printed legibly in blue or black ink. All questions must be answered. Applications that are not complete will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, please attach additional pages to the back of this application, and number answers to correspond with questions.

APPLICANT INFORMATION

Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Home Phone:	Cell Phone:	Email Address:	
Date Available to Start:			Desired Salary:
Position Applied for:			
Are you now able to perform the duties related to the position for which you have applied, without accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:			
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you over the age of eighteen? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, hire is subject to verification that you are of minimum legal age to work.			
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 Bonifay? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Are you related to any current employees of the City of Bonifay? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who?			
Have you ever been convicted of a crime in the past five (5) years? <small>(A conviction record will not necessarily bar employment.)</small> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give date of conviction and nature of the offense.			

EDUCATION

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

SPECIALIZED SKILLS (Please list any skills you have that would make you qualified for this position)

Computer Skills:

Equipment Skills:

Certifications:

WPM:

Second Language:

Additional skills/qualifications:

DRIVING HISTORYAre you a licensed Florida automobile operator or CDL? YES ☐ NO ☐ Date of Expiration:

License Class:

EMPLOYMENT HISTORY (Please list present and past employment, beginning with most recent)

Company:

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

☐

NO

☐

Company:

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

☐

NO

☐

Company:

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

☐

NO

☐

Have you ever had any disciplinary action taken against you from any employment or position you have held?

YES

☐

NO

☐

If yes, explain:

REFERENCES

Please list three references.

Full Name:

Relationship:

Occupation:

Phone: ()

Address:

Full Name:

Relationship:

Occupation:

Phone: ()

Address:

Full Name:

Relationship:

Occupation:

Phone: ()

Address:

DISCLAIMER AND SIGNATURE

I certify that my answers given herein are true and complete 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature:

Date:

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, do hereby authorize the City of Bonifay to do a background check researching any criminal history, driving violations, and financial reports on file as part of consideration for employment with the City of Bonifay. I hereby authorize my past employers to fully release any and all information pertaining to the facts of my employment.

Signature:

Date:

TO APPLICANT: Thank you for taking the time to complete this application. We appreciate your interest in our organization. After your application has been reviewed by the hiring supervisor, you will either receive a phone call requesting to schedule an interview, or a letter notifying you that you have not been selected for the position that you applied for. If you are interested in applying for another open position you will need to complete and submit a new application. A new application will need to be completed for each open position that you would like to apply for. All open positions are advertised in the local newspaper. We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

Public Records Notice: Florida has a very broad public records law. Most written communications to or from city officials regarding the business of this agency are considered to be public records and will be made available to the public and media upon request.

FOR OUR INFORMATION

How were you made aware of this position?

☐

City Website

☐

Employ Florida

☐

Friend

☐

Relative

☐

Media

☐

Other: _____

HUMAN RESOURCE OFFICE USE ONLY

Employed?

YES

☐

NO

☐

Date of Employment:

Starting Salary: \$

Job Title:

Department:

Signature:

Date:



Exemption from Public Disclosure Florida Statutes; Sections 119.071, 493.6122, and 633.35

Complete this form **only** if you are claiming exemptions from public disclosure of your home address and personal contact information under Florida statutes.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I request that my home address and personal contact information given to the City of Bonifay be held in confidence, pursuant to Sections 119.071(2)(h)1, 119.071(2)(j)1, 119.07(4)(d)1-6, 493.6122, and 633.35, Florida Statutes, because I belong to the following qualifying category:

Please check applicable box(es) below:

- ☐ Active or former law enforcement personnel, and/or their spouse or child
- ☐ Active or former correctional officer or probation officer, and/or their spouse or child
- ☐ Active or former juvenile probation officer, supervisor, and personnel, and/or their spouse or child
- ☐ Active or former investigative personnel of the Department of Children and Family Services
- ☐ Active or former investigative personnel of the Department of Health whose duties were to support the investigation of child abuse or neglect
- ☐ Active or former revenue and support enforcement personnel of the Department of Revenue, and/or their spouse or child
- ☐ Active firefighter certified, pursuant to FL Statute 633.35, and/or their spouse or child
- ☐ State or county court judge, and/or their spouse or child
- ☐ Active or former state attorney, assistant state attorney, statewide prosecutors, or assistant statewide prosecutor, and/or their spouse or child
- ☐ Active or former United States attorney and assistant state attorney, and/or their spouse or child
- ☐ Active or former federal judge or magistrate, and/or their spouse or child
- ☐ Active or former general magistrate, special magistrate, judge of compensation claims, administrative law judge, and child support enforcement hearing officer, and/or their spouse or child
- ☐ Active or former guardian ad litem, and/or their spouse or child in accordance with Sec 39.820.F.S.
- ☐ Active or former human resource, public relations or employee relations director, or assistant manager or any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration or other personnel-related duties, and/or their spouse or child
- ☐ Current or former public defender, assistant public defender, criminal conflict, and civil regional counsel and assistant criminal conflict and civil regional counsel, and/or their spouse or child
- ☐ Private investigator/recovery agent holding a current class C, CC, E, EE license in accordance with Sec. 493.6122.F.S. (A Copy of this license must accompany this request)
- ☐ Victim of sexual battery, lewd lascivious offense committed upon or in the presence of a person less than 16 years of age, child abuse, or victim of any sexual offense. (Must include official verification that an applicable crime occurred)
- ☐ Victim of domestic violence, aggravated stalking, harassment or aggravated battery. (Must include official verification that an applicable crime has occurred)

Signature: _____ Date: _____