



## CITY OF PALMETTO

# EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER  
DRUG FREE WORKPLACE

### Where to find Vacancy Information:

**Internet:** [www.palmettofl.org](http://www.palmettofl.org) Departments/City Hall/Human Resources  
**City Hall:** 516 8th Avenue West, Palmetto Florida 34221 Ph: (941) 723-4570

### GENERAL INSTRUCTIONS

- Please type or print this application in its entirety
- An application must be submitted to be considered for any position
- Specify the position for which you are applying
- Applications are only accepted if position is available
- All fields must be complete unless not applicable
- Please submit application to Human Resources at City Hall
- Sign your name in certification section. All information you submit is subject to verification.
- Falsification of any information will disqualify you from consideration for any position within the City of Palmetto.

### POSITION APPLIED FOR:

POSITION:

DEPARTMENT:

DATE OF APPLICATION:

DATE AVAILABLE:

### HOW DO WE CONTACT YOU:

LAST NAME:

FIRST NAME:

MI:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

Need For Redaction to Personal Information Due to Public Records Exemption: YES  NO

<b>HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?</b>	<u>          </u>	<u>          </u>
	YES	NO
<b>IF YES, GIVE DATE:</b> _____		
<b>HAVE YOU BEEN EMPLOYED WITH THE CITY BEFORE?</b>	<u>          </u>	<u>          </u>
	YES	NO
<b>IF YES, GIVE DATE:</b> _____		
<b>ARE YOU CURRENTLY EMPLOYED?</b>	<u>          </u>	<u>          </u>
	YES	NO
<b>MAY WE CONTACT YOUR PRESENT EMPLOYER?</b>	<u>          </u>	<u>          </u>
	YES	NO

**EDUCATION**

<b>HIGH SCHOOL (Diploma required)</b>		
<b>NAME OF SCHOOL:</b>	<b>LOCATION:</b>	
<b>DIPLOMA:</b>	<b>OTHER:</b>	<b>NONE:</b>
<b>COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL (Transcripts may be required)</b>		
<b>NAME OF SCHOOL:</b>	<b>LOCATION:</b>	
<b>MAJOR/MINOR COURSE OF STUDY:</b>	<b>CREDIT HOURS EARNED:</b>	
<b>TYPE OF DEGREE:</b>		
<b>LICENSURE, REGISTRATION, CERTIFICATION (Please submit copy of document)</b>		
<b>LICENSE, REGISTRATION OR CERTIFICATION:</b>		
<b>NUMBER:</b>	<b>DATE RECEIVED:</b>	<b>EXP DATE:</b>
<b>STATE LICENSING AGENCY:</b>		
<b>DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:</b>		
<b>DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:</b>		

# EMPLOYMENT HISTORY

**1.                          PRESENT                          OR                          LAST                          EMPLOYER:** \_\_\_\_\_

\_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **PHONE:**                          (                          ) \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **RATE/SALARY:**

\_\_\_\_\_ **FROM**                          \_\_\_\_\_ **TO**

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING:**

**2. EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** (                          ) \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **RATE/SALARY:** \_\_\_\_\_

**FROM**                          \_\_\_\_\_ **TO**

**DUTIES/RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING:**

**3. EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** (                          ) \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **RATE/SALARY:** \_\_\_\_\_

**FROM**                          \_\_\_\_\_ **TO**

**DUTIES/RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING:**

**4. EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **RATE/SALARY:** \_\_\_\_\_

**DUTIES/RESPONSIBILITIES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**5. EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **RATE/SALARY:** \_\_\_\_\_

**DUTIES/RESPONSIBILITIES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE:**

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

**DRIVERS LICENSE**

**DO YOU HAVE A VALID DRIVERS LICENSE?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**HAS YOUR LICENSE EVER BEEN SUSPENDED/REVOKED?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_

**CITIZENSHIP**

ARE YOU A U.S CITIZEN?

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S?

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

IF YES, PROOF OF EMPLOYMENT AUTHORIZATION WILL BE REQUIRED UPON EMPLOYMENT

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH THE CITY OF PALMETTO?

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

IF YES, NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

MILITARY SERVICE – ALL APPLICANTS WITH PRIOR MILITARY SERVICE MUST COMPLETE THIS SECTION

HAVE YOU EVER SERVED IN THE MILITARY?

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

IF YES, WHAT BRANCH? \_\_\_\_\_

DATES OF SERVICE? \_\_\_\_\_

TYPE OF DISCHARGE? \_\_\_\_\_

**BACKGROUND INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLEAD GUILTY OR NO CONTEST TO A CRIMINAL CHARGE, OR ENTERED INTO AN AGREEMENT SETTING FORTH THE TERMS LEADING TO THE REDUCTION OR DISMISSAL OF THE CHARGES?

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WHERE CONVICTED? \_\_\_\_\_ DATE OF CONVICTION: \_\_\_\_\_

**ADDITIONAL INFORMATION RELEVANT TO THE POSITION YOU SEEK**

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**REFERENCES (business and professional only)**

1.	_____ ( )	_____
	NAME	PHONE
2.	_____ ( )	_____
	NAME	PHONE
3.	_____ ( )	_____
	NAME	PHONE
4.	_____ ( )	_____
	NAME	PHONE
5.	_____ ( )	_____
	NAME	PHONE

**APPLICANT'S CERTIFICATION AND AGREEMENT**

(Please read carefully)

**PROBATION PERIOD:** I understand that my position with the City is at-will during the probationary period. My employment may be ended before the expiration of that period for any non-discriminatory reason without recourse.

**DRUG SCREENING/PHYSICAL EXAMINATION:** I understand that I must take and pass a Drug Screening and Physical Examination before the decision to hire me is complete. The City of Palmetto will not hire any person found to have a confirmed positive test for illegal drugs.

**STATEMENT OF APPLICANT:** I certify that all answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I hereby release all companies, schools or persons from my liability for any damage for issuing this information. I understand that the City may request driver's license, credit and/or criminal reports about me. I have the right to request that the City completely and accurately disclose to me the contents of those reports, upon written request to the Human Resource Department.

**CERTIFICATION:** I understand that falsification, omission, misleading statements, or misrepresentation is cause for rejection of this application or dismissal from employment. I understand that this application is a Public Record and is subject to the provisions of Florida Statutes chapter 119. I realize that this application is not a contract of employment and does not imply that I will be interviewed for a position or hired.

**UPON TERMINATION OF EMPLOYMENT I UNDERSTAND THAT THE CITY MAY HOLD MY FINAL PAYCHECK UNTIL FINAL ACCOUNTING IS MADE FOR ANY CITY PROPERTY IN MY CUSTODY.**

I hereby acknowledge that I have read and understand each of the above statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_