

CITY OF TALLAHASSEE EMPLOYMENT APPLICATION

SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH JOB APPLIED FOR (PHOTOCOPIES ACCEPTABLE)



Where to find Vacancy Information:

On the Internet at <http://www.ci.tallahassee.fl.us>
City Job Line – (850) 891-8219
City of Tallahassee, Human Resources Department
First Floor City Hall

FOR HUMAN RESOURCES USE ONLY		
	/ /	
Signature of Screener	Date	Eligibility Status
POSITION APPLIED FOR		
Department: _____		
Job Title: _____		
Position No.: _____		Date of Application: _____
Date You Are Available for Employment: _____		
Are you a Current City Employee YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a Former City Employee YES <input type="checkbox"/> NO <input type="checkbox"/>		

INSTRUCTIONS
<ul style="list-style-type: none"> Type or print in ink this application in its entirety. Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.) Submit your application to DEPARTMENT OF HUMAN RESOURCES CITY HALL, MAIL BOX A-14 TALLAHASSEE, FLORIDA 32301 Sign your name in the Certification Section (page 2). All information you submit is subject to verification. Notify the hiring department directly and in advance if you require special disability accommodations to participate further in the employment process.

HOW DO WE CONTACT YOU?
Your Name _____
Social Security Number _____
Your Mailing Address _____
(Your Mailing Address if different than above) _____
City _____ County _____ State _____ Zip Code _____
Home Phone _____ Business Phone _____

EDUCATION

Circle Highest Grade Completed: Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

HIGH SCHOOL							
NAME _____			LOCATION _____				
Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> GED <input type="checkbox"/> None, highest grade completed _____							
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____							
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

OTHER TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)								
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING TRAINING: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs and/or certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc. _____

DRIVERS LICENSE

State of Issuance: _____ Drivers License Number: _____

Drivers License Type: _____ Expiration Date: _____

Circle One: A B C D E Endorsement(s) Circle if applicable: N P H X

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES," what charges? _____

Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR FIRST DEGREE MISDEMEANOR? YES NO

If "YES," what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES," what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP / AUTHORIZATION TO WORK

The City of Tallahassee hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF TALLAHASSEE? YES NO

IF YES: NAME: _____ RELATIONSHIP _____

DEPARTMENT WHERE EMPLOYED: _____

SELECTIVE SERVICE REGISTRATION

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? YES NO

IF YOU ARE SELECTED AS A FINALIST FOR THIS POSITION, YOU WILL BE REQUIRED TO SHOW PROOF OF REGISTRATION OR EXEMPTION PRIOR TO APPOINTMENT.

CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me 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 provide may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for City employment are public records except as exempted above. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I further understand that if I am selected to fill a safety sensitive position, prior to appointment I will be required to successfully pass a pre-employment drug test.

SIGNATURE _____ DATE: _____

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07, F.S.? YES NO

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see §119.07, F.S.].

VETERANS' PREFERENCE CLAIM Check the appropriate block if you are claiming veterans' preference. In order to receive Veterans' Preference documentation substantiating your claim must be furnished at the time of application.

- 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 Veterans' Affairs and the Department of Defense, **or**
- 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**
- A veteran of any war 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**
- The unmarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in §1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state (city, county, etc.). Under Florida law, preference in appointment shall be given by the City to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

 Branch of Service

 Date of Entry

 Date of Honorable Discharge

Have you claimed veterans' preference and entered into covered employment by a covered employer? YES NO

If "Yes," Name of Employer: _____

An applicant eligible for Veterans' Preference who believes he or she was not afforded employment preference in accordance with Florida Law may file a complaint requesting an investigation with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 calendar days from the date that the notice of hiring decision is received by the applicant or within three calendar months of the date the application is filed with the employer. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filed.

EEO REPORTING DATA

The following information is requested for Equal Employment Opportunity record keeping and reporting compliance purposes only as specified by Title VII of The Civil Rights Act of 1964 as amended. (optional)

SEX: 1 Male 2 Female
RACE: (Check one only) 1 White 2 Black 3 Hispanic 4 Asian or Pacific Islander 5 American Indian or Alaska Native 6 Other

PERIODS OF EMPLOYMENT

Describe your work experience in detail beginning with your PRESENT or most recent job, and describe all periods of employment and periods of unemployment if longer than six months. Be sure to provide complete information regarding each position. If appropriate, indicate number of employees supervised. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties.

All employment information must be filled out in this section. Resumes and other attachments may be provided as supplemental information, but will not be accepted in place of filling out this section.

May we contact your current employer? Yes No

May we contact your former employer(s)? Yes No

1 Name of Present or Last Employer: _____
Address: _____ Phone No.: (_____) _____
Your Job Title: _____ Supervisor's Name: _____
FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR
SALARY: _____ (_____) Duties and Responsibilities: _____

Reason For Leaving: _____

2

Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

3

Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

4

Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.



(Last Name) (First) (Middle Initial) (Social Security Number)

5 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

6 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

7 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

8

Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

9

Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

10

Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ FULL-TIME HRS PER WEEK: ____ PART-TIME HRS PER WEEK: ____
MONTH DAY YEAR MONTH DAY YEAR

SALARY: _____ (_____) Duties and Responsibilities: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Reason For Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.