

CITY OF DEFUNIAK SPRINGS

Employment Application



71 US Highway 90 West, DeFuniak Springs, Florida 32433

Phone: (850) 892-8500 • Fax: (850) 892-8506 • Email: cityofdfs_admin@defuniaksprings.net

Website: www.defuniaksprings.net

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 DeFuniak Springs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Are you related to any current employees of the City of DeFuniak Springs?	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"/>	<i>If yes, please give date of conviction and nature of the offense.</i>

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:

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 <input type="checkbox"/> NO <input type="checkbox"/>	Date of Employment:	Starting Salary: \$
Job Title:	Department:	
Signature:	Date:	