



EMPLOYMENT APPLICATION

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed for use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone ()
City	State	Zip	Business Phone ()
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain:			If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If required for the position, do you have a valid Florida driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name:			
Are you able to perform the essential functions of the position as listed and described with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case: (Convictions will not necessarily disqualify you for the position)			

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work		
How were you referred to our city? <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in _____			

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Typing speed wpm	10 key by touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Languages <input type="checkbox"/> Yes <input type="checkbox"/> No (indicate language and proficiency to speak, read and write)
Computer Skills (Indicate software used)		
Other Skills		
Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at this city? (Explain)		

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	The State of Florida is classified as an employment at-will State meaning that the terms of employment may be changed with or without notice, with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. I acknowledge that my employment at the City of Mascotte (the City) is at-will. I have entered into my employment with the City voluntarily, and acknowledge that there is no agreement or contract, express or implied, between the City and me for continuing or long-term employment. While supervisors and managers have certain hiring authority, no supervisor or manager or representative of the City has any authority to alter the at-will relationship.
Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organization, including consumer/credit reporting agencies to provide the City with relevant information and opinion, personal or otherwise, including access to and obtaining copies of personnel records that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its City Manager, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.
Initial	In consideration of employment, I agree to obey the policies, rules and standards of the City. I understand that nothing contained in this application or in the interview process is intended to create a contract between the City and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the City. This constitutes my entire agreement with the City with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, I may be required to take an alcohol/drug test.
Initial	I am able to perform the essential functions of the position with or without a reasonable accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
Initial	This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.
Applicant Signature:	
Date:	

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications

BUSINESS/INDIVIDUAL NAME _____

SOCIAL SECURITY # _____

CHAPTER 119 (2007)

119.071(5) (2a) Other Personal Information

2. a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is: (I) specifically authorized by law to do so; or (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law. b. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.

3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2.

4. a. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2, the agency shall immediately discontinue the collection of social security numbers for that purpose. b. Each agency shall certify to the President of the Senate and the Speaker of the House of Representatives its compliance with this subparagraph no later than January 31, 2008.

5. Social security numbers held by an agency are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption applies to social security numbers held by an agency before, on, or after the effective date of this exemption.

6. Social security numbers may be disclosed to another agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

➤ *The statute below only applies to the application for a Business Tax Receipt*

FLORIDA STATUTE –
CHAPTER 205 (2005)

205.0535 Reclassification and rate structure revisions.--

(5) No license shall be issued unless the federal employer identification number or social security number is obtained from the person to be licensed.

Signature of Applicant:

Date:

Print Name:

CITY OF MASCOTTE SOCIAL SECURITY POLICY STATEMENT

The City of Mascotte recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, the City of Mascotte must collect social security numbers under certain circumstances in order for the City to be able to properly perform its duties and functions as a municipal corporation and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number the City of Mascotte provides the following statement regarding the City's collection of social security numbers:

THE CITY OF MASCOTTE COLLECTS YOUR SOCIAL SECURITY NUMBER ONLY FOR THE FOLLOWING PURPOSES:

- IDENTIFICATION AND VERIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY

Each individual who provides a social security number to the City of Mascotte shall be provided with a copy of this statement. Additional copies of this social security policy statement may be obtained by contacting City Hall, located at 100 East Myers Blvd. Mascotte, Florida 34753.

*This social security policy statement has been prepared by the City of Mascotte in compliance with §119.071(5), Florida Statutes (2007).



BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize The City of Mascotte to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigation service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: _____ SSN: _____ - _____ - _____

Other Names or SSN Used: _____

Current Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Driver's License#: _____ State: _____ *DOB: ____/____/____

*DOB is optional and is only used for identification purposes in screening inquires

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse or resume attached)

Street Address City State Zip DATES: _____ - _____
from to

Street Address City State Zip DATES: _____ - _____
from to

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

This includes but not limited to pleas of guilty, nolle contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: _____ Date: ____/____/____

In Office use only:

Date Requested: _____ Date Completed _____