



**City of Perry
Employment Application**

"Drug Free Workplace"
"Equal Opportunity/Affirmative Action Employer"

It is the policy of The City of Perry to provide equal opportunity in employment and advancement to qualified individuals without regard to race, color, religion, age, sex, national origin, disability, veteran status, or any other legally protected classification. Any applicant needing accommodation during the application process should inform the Personnel office.

PERSONAL

Name _____
Last First Middle

Present Address _____
No. Street City State Zip

Social Security No. _____ - _____ - _____ Telephone No. _____

If under 18 years of age, can you provide eligibility to work? _____

Position (s) applied for _____

Were you previously employed by us? _____ If yes, When? _____

If your application is considered favorably, on what date would you be available for work? _____

Are there any other experiences, skills , or qualifications which will be of special benefit in the job for which you are applying?

EDUCATION

Name of last school attended _____

Date of Graduation or last grade completed _____

Other (Specify type of school and/or certificate received):

College _____ Dates attended _____

Degree or number of credits received _____

DRIVERS LICENSE INFORMATION

Do you have a valid Florida Drivers License? _____

If so, Name as listed on License _____

License No. _____ Type of License _____

Date of Birth _____ Expiration Date _____

Do you have any traffic violations/offenses filed against your license? _____

If so, please list: _____

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

I Name of Company _____
Address of Company _____
Type of Business _____
From Month _____ Year _____ To Month _____ Year _____
Hourly or Weekly _____ Hourly or Weekly _____
Starting _____ Ending _____
Salary _____ Salary _____
Reason for Leaving _____
Name of Supervisor _____
Describe the work you did: _____

II Name of Company _____
Address of Company _____
Type of Business _____
From Month _____ Year _____ To Month _____ Year _____
Hourly or Weekly _____ Hourly or Weekly _____
Starting _____ Ending _____
Salary _____ Salary _____
Reason for Leaving _____
Name of Supervisor _____
Describe the work you did: _____

III Name of Company _____
Address of Company _____
Type of Business _____
From Month _____ Year _____ To Month _____ Year _____
Hourly or Weekly _____ Hourly or Weekly _____
Starting _____ Ending _____
Salary _____ Salary _____
Reason for Leaving _____
Name of Supervisor _____
Describe the work you did: _____

I hereby give my permission to contact the employers listed above concerning my prior work experience.

Signed _____

PERSONAL REFERENCES
(Not Former Employers or Relatives)

Name and Occupation _____
Address _____ Telephone _____

Name and Occupation _____
Address _____ Telephone _____

Name and Occupation _____
Address _____ Telephone _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position you are applying for? _____

COMPLETE ALL QUESTIONS BELOW

How long have you lived at the present address? _____

Previous Address _____ How long did you live there? _____

Number of dependants including yourself _____

Are you a Citizen of the U.S.A.? _____

What is your present Selective Service classification? _____

Background Information

Have you ever been charged or 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 of which is a felony or a First Degree Misdemeanor? Yes _____ No _____ If yes, What Charges? _____

Where convicted? _____ Date of conviction _____

Have you ever had the adjudication of guilt withheld to a crime which is a felony or a first degree misdemeanor?
Yes _____ No _____



INVITATION TO INDIVIDUALS TO IDENTIFY THEMSELVES

The City of Perry operates under the principles of affording equal opportunity through affirmative action for qualified disabled individuals, qualified disabled veterans, qualified Vietnam era Veterans, other campaign badge veterans, and recently separated veterans.

If you are a covered veteran or an individual with a disability, we would like to include you under the affirmative action program. You may inform us of your desire to benefit under the program at this time or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations of any disability you may have. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing the Americans with Disabilities Act or other laws administered by the OFCCP, may be informed. The information provided will only be used in ways consistent with VEVRAA or Section 503 of the Rehabilitation Act.

PLEASE READ AND SIGN BELOW

I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I am aware that any omissions, falsifications, misstatements, or misrepresentations above 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 give may be investigated as allowed by law. I consent to the release of information about my ability and fitness for City employment by employers, schools, law enforcement agencies and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City of Perry for employment purposes. I understand that applications submitted for City employment are public records. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has an authority to enter into any agreement contrary to the foregoing and then only in a writing signed by an officer. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I understand that the City of Perry is a drug free workplace which utilizes pre-employment and random drug testing.

Date

Signature of Applicant

**EEO SURVEY - FOR REPORTING
PURPOSES ONLY**

(This sheet will not be filed with application)

Although the information is not mandatory, it is requested to aid the City of Perry in its commitment to Equal Employment Opportunity and Affirmative Action. It is unlawful for an employer to fail or refuse to hire any individuals or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap.

Sex: Male _____ Female _____

Date of Birth: _____

Race (check only one):

_____ **White** (Not Hispanic Origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Black** (Not Hispanic Origin) - Persons having origins in any of the black racial groups of Africa

_____ **Hispanic** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

_____ **Asian or Pacific Islander** - Persons having origins in any of the original peoples of the far east, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands, and Samoa.

_____ **American Indian or Alaskan Native** - Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ **Other** (Specify) _____
