



CITY OF QUINCY EMPLOYEE APPLICATION

Complete this application in its entirety. Failure to provide complete and accurate information could cause rejection of your application. Information submitted on this application is subject to verification.

PERSONAL DATA

Last Name	First Name	Middle Initial	Date	
Current Address (number, street, state, zip code)			From	To
Previous Address (number, street, state, zip code)			From	To
Home Phone Number	Alternate Phone Number	E-Mail Address		
Specify the POSITION for which you are applying for: (Note: A separate application must be submitted for each vacancy.)			Rate of Pay Expected:	
Have you ever worked for the City of Quincy before?	Yes	No	If yes, when?	
What Department?	Why did you leave the City's employment?			
List any friends or relatives currently working for the City:				
Name			Relationship	
When are you available to work?				

EDUCATION

	Print Name, Number and Street, City, State and Zip Code	No. of Yrs. Completed	Degree	Major Course of Study
High School Diploma / GED				
College				
Graduate School				
Trade, Business, Night or Corres.				

Employment History

List present and past employment, beginning with your most recent, and limit it to the past ten years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or protected status. If any periods of unemployment exist, note that as well. Do not omit employers. Doing so may be cause for rejection of your application. Use additional pages if necessary.

May we contact the following employers? Yes No

If no, which employers should not be contacted? _____

1. Employer	Dates Employed Mo/Yr From To	Title or Position
Address		Work Performed
City State	Salary Starting Ending	
Phone Number		
Name of Supervisor		Reason for Leaving
2. Employer	Dates Employed Mo/Yr From To	Title or Position
Address		Work Performed
City State	Salary Starting Ending	
Phone Number		
Name of Supervisor		Reason for Leaving
3. Employer	Dates Employed Mo/Yr From To	Title or Position
Address		Work Performed
City State	Salary Starting Ending	
Phone Number		
Name of Supervisor		Reason for Leaving
4. Employer	Dates Employed Mo/Yr From To	Title or Position
Address		Work Performed
City State	Salary Starting Ending	
Phone Number		
Name of Supervisor		Reason for Leaving

OFFICE SKILLS (please indicate areas of competency)	TRADE SKILLS (check all that apply)
<input type="checkbox"/> Calculator <input type="checkbox"/> Filing <input type="checkbox"/> Typing _____wpm <input type="checkbox"/> Computer Literate <input type="checkbox"/> Yes <input type="checkbox"/> No Software Applications Used: _____ _____ _____	<input type="checkbox"/> Automotive Mechanic <input type="checkbox"/> Electrician <input type="checkbox"/> Custodial Work <input type="checkbox"/> Grounds keeping <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Other _____ _____ _____

JOB TASK ANALYSIS INFORMATION		
Are you able to perform the essential functions of the job for which you applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would you be able to perform these tasks with or without accommodation(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain how you would perform these tasks with what accommodation(s): 		

CITIZENSHIP		
Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, do you possess an I-151 Card and I-551 Cards or an I-94 Card stamped "Employment Authorized"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER INFORMATION		
A. Criminal Record Have you ever been convicted of a Felony? <i>A conviction will not necessarily disqualify you from employment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give dates and explain (attach separate paper if necessary) 		

B. Driver's License Do you possess a valid Driver's License? Please Specify State: _____ (FL, GA, AL)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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C. Professional Certification Record - License, Registrations and Certification Numbers.

D. Professional References – Please list former supervisors and/or associates who are acquainted with your professional qualifications.	
Name	Address & Telephone

VETERAN'S PREFERENCE: A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application.		
Do you claim veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:		
Branch of Service	Date of Entry	Date of Discharge

CERTIFICATION

An Equal Opportunity / Affirmative Action Employer

I understand that any omissions, falsifications, misstatements or misrepresentations 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 employment by employers, schools, law enforcement agencies, and individuals. I certify that, to the best of my knowledge and belief, all the statements contained herein are true, correct and made in good faith.

In compliance with the City of Quincy’s Alcohol/Drug Policy, all applicants being recommended or offered initial employment are subject to a post-employment blood and/or urinalysis screening. Any applicant who tampers with or refuses the drug/alcohol test will be considered to have withdrawn his/her application for the position for which he/she applied. An applicant who receives a positive confirmed test result will not be eligible for hire by the City of Quincy for a period of six months from the date the positive drug test was administered. I further understand and agree that my employment will be contingent upon the results.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is “at will”, which means the City may discharge me at any time with or without cause and that this “at will” relationship may be changed unless authorized in writing by the City of Quincy.

The City of Quincy does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status or disability in employment or provision of services.

CREDIT CHECK/BACKGROUND SEARCH AUTHORIZATION

I, _____, authorize the City of Quincy to conduct a personal credit/background/worker’s comp/criminal and driving history check. I understand the information will be used strictly for the purposes of prospective job placement with the City.

SOCIAL SECURITY NUMBER – COLLECTION & DISSEMINATION

It is the City’s practice to collect your Social Security Numbers at the time of hire for the following purposes:

- Identification and Verification;
- Credit Worthiness;
- Data Collection;
- Tracking Benefit Processing; and
- Tax Reporting.

Social Security Numbers are also used as a unique numeric identifier and may be used to conduct searches, where appropriate, and in all circumstances with the person’s permission, written or otherwise.

Pursuant to Section 119.071(5), Florida Statutes (2007), the City of Quincy hereby certifies that it is in compliance with the collection and reporting of Social Security Number requirements specified in Section 119.071(5)(a) 1 – 4, Florida Statutes 2007.

X

Signature

Date

City of Quincy
404 West Jefferson Street
Quincy, FL 32351
(850) 618-0030