



## **City of Quincy Applicants - REQUIREMENTS**

### **Minimum Requirements for Employment:**

- 1) Be at least 19 years of age.
- 2) Be a citizen of the United States.
- 3) Be a high school graduate or equivalent.
- 4) Not have been convicted of a felony or a misdemeanor that involved perjury or false statement.
- 5) Pass a drug screening exam.
- 6) Have good moral character as determined by a background investigation.
- 7) No more than 4 moving traffic violations within a 5 year period
- 8) Comply with continuing training or education requirements

### **Minimum Requirements for maintain Employment:**

- 1) Complied with mandatory retraining for continuing training or education requirements.
- 2) Maintain good moral character status.
- 3) Maintain proficiency requirements as identified by the department.
- 4) Not have been convicted of a felony.

**Minimum Salary Range:** See job posting

**Special Requirements:** Must possess on operators or Class "E", State of Florida driver's license at the time of appointment.

**Work Schedule:** City employee work days and work schedules may vary.

**Benefits:** Refer to the City Benefit Summary document- furnished at time of interview.



## 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

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Date</b>
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 <b>POSITION</b> 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

**An Equal Opportunity / Affirmative Action Employer**

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"/> <b>Computer Literate</b> <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			
<b>A. Criminal Record</b> 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>B. Driver's License</b> Do you possess a valid Driver's License?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please Specify State: _____ (FL, GA, AL)			
<b>C. Professional Certification Record - License, Registrations and Certification Numbers.</b>          			
<b>D. Professional References –</b> Please list former supervisors and/or associates who are acquainted with your professional qualifications.			
<b>Name</b>		<b>Address &amp; Telephone</b>	
<b>VETERAN'S PREFERENCE:</b> 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:			
<b>Branch of Service</b>	<b>Date of Entry</b>	<b>Date of Discharge</b>	

**CERTIFICATION**

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.

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**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.

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**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.

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**X**

Signature

Date

City of Quincy  
404 West Jefferson Street  
Quincy, FL 32351  
(850) 618-0030, ext. 6680



**CITY OF QUINCY**  
**404 WEST JEFFERSON STREET**  
**QUINCY, FL 32351**

**EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

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**DATE:** \_\_\_\_\_

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our Equal Employment Opportunity / Affirmative Action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring process. Please note that the survey is anonymous, you are not required to provide your name or any other information which would specifically identify you. Your application will not be rejected because of your race, color, sex, religion, creed, handicap, national origin, political beliefs or age, except as provided by law. Your cooperation will be greatly appreciated.

**Ethnic Background (Please check appropriate line)**

<input type="checkbox"/>	HISPANIC
<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER
<input type="checkbox"/>	AFRICAN AMERICAN (not Hispanic origin)
<input type="checkbox"/>	CAUCASIAN (not Hispanic origin)
<input type="checkbox"/>	AMERICAN INDIAN / ALASKAN NATIVE
<input type="checkbox"/>	OTHER:

**Birth Date:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

☐ **yes** ☐ **no** Will you be able to perform the duties of the job for which you have applied in a manner safe to you and other employees?

☐ Please check if you are a military veteran.

**Referred by**

<input type="checkbox"/> Florida State Employment Office	<input type="checkbox"/> City of Quincy Internet
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Verbal
<input type="checkbox"/> Florida League of Cities	<input type="checkbox"/> Other

**This form will not be filed with your employment application.**