CITY OF FREEPORT

APPLICATION FOR AT WILL EMPLOYMENT

Dear Applicant:

Thank you for your interest in seeking employment with the City of Freeport. The City of Freeport is an Equal Opportunity Employer and a Drug Free Workplace.

All information contained in this application is public information subject to disclosure under the provisions of Florida Statutes, Section 119.07, except as may be specifically excluded by this statute. A copy of Florida Statutes, Section 231.291, which governs personnel files of employees, is available to each employee upon request.

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin or disability. Employment of personnel in the City of Freeport is in compliance with Federal and State Laws regarding nondiscrimination and preference. Individuals with disabilities are encouraged to apply. Any person who believes he/she may need reasonable accommodations during the application, testing or interview process should notify the City Clerk's office at 850/835-2822.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

BASIC INFORMATION: Please print in ink.

Position Applied For:	**Date of Application:**

How Did You Learn About Us?

o Advertisement o Friend o Walk-In
o Employment Agency o Relative o Other_____

Last Name	First Name	Middle Name

Address	City	State	Zip Code

Telephone Number(s)			

Date available for work:_____

Have you been convicted of a crime within the last 7 years? o Yes o No
If yes, please explain:_____

_____

_____

Are you a United States Citizen? o Yes o No

If no, are you lawfully authorized to work in the United States? o Yes o No

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

ACKNOWLEDGEMENT

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered cause for immediate dismissal. In making this application for employment I authorize you to make and/or investigate a 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, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin.

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 investigation or report that is made.

I UNDERSTAND THAT, IF THE CITY EMPLOYS ME, EITHER THE CITY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the City other than the Mayor and City Council have any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

_____ _____

Signature of Applicant Date

It is very important to completely fill out this application. Incomplete applications will not be considered for the position being applied for.

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

REFERENCES: (not former employers or relatives)

Name	Address	Phone Number

EDUCATION:

School	**Name and Address of School**	**Course of Study**	**Circle Last Year Completed**	**Did You Graduate ?**	**List Diploma or Degree**
High			1 2 3 4	o Yes o No	
College			1 2 3 4	o Yes o No	
Other (Specify)			1 2 3 4	o Yes o No	

If you did not graduate, why did you leave school or college? _____

_____

Are you planning to pursue further studies? o Yes o No

If yes, o Day OR o Night School

If so, when, where, and what courses? _____

_____

_____

INTERESTS: Use this space below to describe additional skills and aptitudes that you feel qualify you for a position with our City. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, and the like.) If you need more space, please continue on a separate sheet.

_____

_____

_____

_____

_____

_____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

1 Company	Address	Telephone
Dates From To Employed	Starting Salary Leaving	Supervisor
Your Duties:		
Reason for Leaving:		
2 Company	Address	Telephone
Dates From To Employed	Starting Salary Leaving	Supervisor
Your Duties:		
Reason for Leaving:		
3 Company	Address	Telephone
Dates From To Employed	Starting Salary Leaving	Supervisor
Your Duties:		
Reason for Leaving:		
4 Company	Address	Telephone
Date From To Employed	Starting Salary Leaving	Supervisor
Your Duties:		
Reason for Leaving:		

If presently employed, why do you desire to change your position? _____

_____

If you are now employed, may we contact your present employer? o Yes o No

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER