

# CITY OF SOPCHOPPY

## EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

### Where To Find Vacancy Information



- \*Local Newspaper
- \*Sopchoppy City Hall
- \*www.sopchoppy.org
- \*Call (850) 962-4611 for additional information.

### GENERAL INSTRUCTION

- \*Please type or print in ink.
- \*To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.
- \*Your application must be received by the office announcing the vacancy by the closing date.
- \*A **separate** application must be submitted for each vacancy.
- \*Photocopies are acceptable.
- \*All information you submit is subject to verification.
- \*City of Sopchoppy hires only U.S. citizens and lawfully authorized alien workers.
- \*If you need any assistance completing this application, please call our office at (850) 962-4611 in advance.
- \*If claiming Veterans' Preference, complete the Veterans' Preference Section and include a copy of your DD214.
- \*All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.
- \*All Applications will be kept on file for one (1) year.

### POSITION APPLIED FOR

Title: \_\_\_\_\_

Department of Interest: \_\_\_\_\_

Date Available: \_\_\_\_\_

Status: • Part-Time • Full-Time • Temporary

Minimum Acceptable Salary: \_\_\_\_\_

### HOW DO WE CONTACT YOU

Applicant's Name \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

In Case of Emergency Notify (1<sup>st</sup>) \_\_\_\_\_ Phone Number \_\_\_\_\_

In Case of Emergency Notify (2<sup>nd</sup>) \_\_\_\_\_ Phone Number \_\_\_\_\_

### EDUCATION

#### HIGH SCHOOL:

Name/Address of School:	Received: • Diploma • Other (Please Specify) _____ • None
-------------------------	--

#### YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

#### COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts May Be Required)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)	CREDIT HOURS EARNED (QTR. OR SEM.)	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

#### YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

#### JOB-RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, Armed Forces, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)	CREDIT HOURS EARNED (QTR. OR SEM.)	COURSE OF STUDY	TRAINING COMPLETED? (YES OR NO)

#### YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

#### LICENSE, REGISTRATION, CERTIFICATION (EXAMPLES: Driver's License, Teacher Certification, Etc.)

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

## PERIOD OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Including military service (indicate rank) and job-relating volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets using the same format as on the application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section must be completed.

Do you have any objections to your present/past employer(s) being contacted?

Yes  No

**1** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**2** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**3** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**4** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**5** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**SPECIALIZED SKILLS** (Check Skills/Equipment Operated)

_____ <b>PC</b>	_____ <b>Microsoft Excel</b>	<b>Production/Mobile Machinery (list):</b>	<b>Other (list):</b>
_____ <b>Calculator</b>	_____ <b>Microsoft Word</b>	_____	_____
_____ <b>Typewriter</b>	_____ <b>Microsoft Outlook</b>	_____	_____
_____ <b>Fax</b>	_____ <b>Copy Machine</b>	_____	_____

**State any additional information you feel may be helpful to us in considering your application.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**LAW ENFORCEMENT BACKGROUND**

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07(3)(K)1, F.S.?

YES  NO

\*\*Other covered jobs include: correctional probation officers, fire fighters, certain judges, assistant state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Health and Rehabilitative Services {SEE 119.07(3)(k)1,F.S.}

**BACKGROUND INFORMATION (PLEASE RESPOND TO THIS SECTION ONLY IF NOTED ON EMPLOYMENT ADVERTISEMENT)**

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NO CONTEST TO A CRIME, HAD ADJUDICATION WITHHELD FOR A CRIMINAL OFFENSE, ENTERED A PRE-TRIAL INTERVENTION OR DIVERSION PROGRAM OR BEEN PLACED ON COURT-ORDERED PROBATION?  YES  NO

If "YES", give details concerning the type of crime, the date of conviction, the plea of guilty, the plea of no contest, adjudication withheld, probation or pre-trial diversion ordered, and the penalty imposed. (Attach separate paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL LAWSUIT ALLEGING AN INTENTIONAL TORT, INCLUDING BUT NOT LIMITED TO, ASSAULT, BATTERY, INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS, OR VIOLATION OF PRIVACY RIGHTS?  YES  NO

If "YES", please provide the nature of the intentional tort, and the disposition of the lawsuit. (Attach separate paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed, expunged, or statutorily eradicated, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, and referrals to and participation in any pretrial or post-trial diversion programs.)

**CITIZENSHIP**

ARE YOU AN U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?  YES  NO

**NOTE:** The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

**RELATIVES**

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?  YES  NO

If "YES", Who? \_\_\_\_\_ Relation: \_\_\_\_\_

**SELECTIVE SERVICE SYSTEM REGISTRATION**

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION?  YES  NO

**CERTIFICATION**

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, employment history and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City of Sopchoppy for employment purposes. I also authorize the procurement of a consumer report as part of the pre-employment background check. By signing below, I also agree to allow the City to conduct checks of all information that is discoverable on Internet and Social Media websites and to allow such information to influence both interviewing and hiring decisions for employment. This consent shall continue to be effective during my employment, if I am hired. I understand that applications submitted for city employment are public records. I certify that to the best of my knowledge and belief all statements contained herein and on my attachment are **true, correct, complete, and made in good faith.**

**SIGNATURE:** \_\_\_\_\_

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

**WITNESS SIGNATURE:** \_\_\_\_\_

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

**NOTE:** Applicants *may* be subjected to a FDLE background check and urinalysis drug test.

## EQUAL OPPORTUNITY APPLICANT SURVEY

---

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 decision. Please note that the survey is anonymous, you are not required to provide your name or any other information, which would specifically identify the applicant. Your cooperation will be greatly appreciated.

---

Today's Date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Sex:         Male         Female        Age: \_\_\_\_\_

Racial/Ethnic Data (check one):

- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
  
- Asian or Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes Japan, China, Korea, Samoa, India and the Philippines.
  
- Black (not Hispanic origin):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
  
- White (not Hispanic origin):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
  
- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Disabled status:         YES         NO

Nature of Disability: \_\_\_\_\_

---

---

How did you learn about the job? (check one)

- Wakulla News                                 Walk-in                                 Call-in
- Tallahassee Democrat                         City Employee                         Friend
- Job Line                                         Job announcement at \_\_\_\_\_
- Other: \_\_\_\_\_