



Crossroads of Flagler County

CITY OF BUNNELL, FLORIDA

PO Box 756

Bunnell, FL 32110-0756

Telephone: 386-437-7500

Fax: 386-437-7503

APPLICATION FOR EMPLOYMENT

Received by: _____

Date Received: _____

Important Instructions: Type or handprint neatly in ink only. Fill in every blank line or box. If a blank line or box doesn't apply, enter "NA," or if you have no comment, enter "NC." A resume may be submitted with your completely filled-out Application for Employment form. Do **not** write "See Resume" in any of the blank lines or boxes. Submit application to the HR Department.

Position applied for: _____

APPLICANT'S FULL NAME: _____

Desired wages/salary: _____ Date you can start: _____

Have you ever used a different first name, last name, or any nickname? Yes__ No__

If yes, please list names used: _____

Applicant's home address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Email Address: _____

How did you learn about this job opening? _____

Are you 18 years old or older? Yes__ No__

Can you legally hold a job in the USA? Yes__ No__

Are you currently employed? Yes__ No__

If not currently employed, were you laid off and/or subject to re-call? Yes__ No__

May we contact your current employer? Yes__ No__

Have you ever worked for the City of Bunnell before? If so, when? ____ Yes__ No__

Have you ever been arrested? Yes__ No__

If yes, please provide details below or attach detailed documentation including date(s), crime(s), disposition(s), probation(s), and location(s): _____



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Job Applicant's full name: _____

DRIVERS LICENSE

Do you have a valid Florida Driver's License? Yes___ No___

What Class of Driver's License do you have? Hardship? CDL? _____

Endorsements? _____

MILITARY SERVICE N/A___

Have you ever served in the US Army___, Air Force___, Navy___, Marines___, Coast Guard___, or National Guard___?

Are you currently in the National Guard or Reserves? Yes___ No___

What is your discharge? Honorable___ Dishonorable___ Other than Honorable___

What Rank/ Grade did you achieve (E-2, O-2 etc.)? _____

What was your Primary Specialty(communications, infantry, supply, medic, etc.)? _____

Are you claiming Veteran's Preference (attach DD Form 214) Yes___ No___

EDUCATION

Level	Name of School	Number of Years	Diploma/ Degree	Type of Degree
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High School	_____	_____	_____	_____
	_____	_____	_____	_____

College	_____	_____	_____	_____
	_____	_____	_____	_____

Voc-Ed	_____	_____	_____	_____
	_____	_____	_____	_____

PROFESSIONAL/ VOCATIONAL CERTIFICATION(S) / LICENSE(S)

1. _____
2. _____
3. _____
4. _____
5. _____

SPECIAL SKILLS

List any applicable special skills, such as machine operations, pipe laying, computer programs you're proficient at, electrical, operate tractor mower, crime investigation, construction inspection, HazMat training, conflict resolution, administration, etc.



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Job Applicant's full name: _____

EMPLOYMENT HISTORY

Start with your current, or most recent, job and list all former employers for the last 10 years of work history. If you need more space, photocopy the last page before.

CURRENT OR MOST RECENT JOB

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____

Dates Worked (Mo/Year): Start: _____ End: _____

Name & Title of Supervisor: _____

Telephone: _____

Summarize the work you did/do: _____

Final Wage/Salary: \$ _____ per hour. Hourly: __ Salary: __

Reason for Leaving: _____

NEXT MOST RECENT JOB

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____

Dates Worked (Mo/Year): Start: _____ End: _____

Name & Title of Supervisor: _____

Telephone: _____

Summarize the work you did/do: _____

Final Wage/Salary: \$ _____ per hour. Hourly: __ Salary: __

Reason for Leaving: _____



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