

## **CITY OF BUNNELL, FLORIDA**

Application Form revised 1/2023

## **APPLICATION FOR EMPLOYMENT**

PO Box 756 Bunnell, FL 32110-0756 Telephone: 386-437-7500

Fax: 386-437-7503

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?				es No_
If yes, please list names use	ed:			
Applicant's home address:_				
City:	State:	Zip Code	):	
Daytime Phone Number:		Email Address:		
How did you learn about this	s job opening?_			
Are you 18 years old or olde	er?		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 arreste	d?		Yes	No_
If yes, please provide details crime(s), disposition(s), problem location(s):	oation(s), and		J	

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? No Yes Honorable Dishonorable Other than Honorable What is your discharge? 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) No Yes **EDUCATION** Level Name of School Number of Years Diploma/ Degree Type of Degree High School \_\_\_\_\_ College Voc-Ed PROFESSIONAL/ VOCATIONAL CERTIFICATION(S) / LICENSE(S) **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.

Job Applicant's full name: **REFERENCES** Do not list former employers, people related to you, or people you have known less than one year. City/State of Residence Telephone & Email Name Years **RESUMES** I have a resume which is attached for consideration. Yes No OTHER PERTINENT COMMENTS OR REMARKS Be all-inclusive. You may refer to attached/included documents. Include social as well as work matters. AFFIRMATION OF APPLICANT I certify that all information in this Application for Employment, including all attachments, is true and complete; and I understand that if any false information, omissions, or misrepresentations are discovered I may be rejected from potential employment, and if employed this is grounds for termination. In consideration of the employment applied for, I agree to conform to the City's rules, regulations, and policies. I understand that Florida is a "right to work" state; and, therefore, my employment and compensation can be terminated with or without cause at either my option or the City's option. Applicant's Signature: Date:

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:							
City:	State:	Zip C	ode:				
Job Title:			<del>-</del>				
Dates Worked (Mo/Year):	Start:		End:				
Name & Title of Supervisor:							
Telephone:	<del></del>						
Summarize the work you did/do	<u>:</u>						
Final Wage/Salary: \$	per hour.	Hourly:	Salary:				
Reason for Leaving:							
	NEXT MOST RE	CENT JOB					
Name of Organization:							
Name of Organization: Mailing Address:							
City:	State:	Zip C					
Mailing Address:	State:	Zip C					
City: Job Title:	State:	Zip C	ode:				
City: Job Title:  Dates Worked (Mo/Year):	State:	Zip C	ode:				
City: Job Title:  Dates Worked (Mo/Year):  Name & Title of Supervisor:	State:	Zip C	ode:				
City: Job Title:  Dates Worked (Mo/Year):  Name & Title of Supervisor:  Telephone:	State:	Zip C	ode:				

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.

NEXT MOST RECENT JOB								
Name of Organization:								
City:	State:	Zip C	Code:					
Job Title:								
Dates Worked (Mo/Year):	Start:		End:					
Name & Title of Supervisor:								
Telephone:								
Summarize the work you did/d	0:							
Final Wage/Salary: \$	per hour.	Hourly:	Salary:					
Reason for Leaving:								
	NEXT MOST RE	CENT JOB						
Name of Organization: Mailing Address: City:	State:							
Job Title:								
Dates Worked (Mo/Year):			End:					
Name & Title of Supervisor:								
Telephone:								
Summarize the work you did/d	0:							
Final Wage/Salary: \$	per hour.	Hourly:	Salary:					
Reason for Leaving:								