



# City of High Springs

## Employment Application

Date of Application: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you related to anyone who works for the City of High Springs? \_\_\_\_\_  
Name

In case of emergency please notify: \_\_\_\_\_  
Name Address Telephone

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### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Salary desired: \_\_\_\_\_ Are you now employed? \_\_\_\_\_

May we inquire of your present employer? \_\_\_\_\_ Have you previously applied to this office? \_\_\_\_\_

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**\*SOCIAL SECURITY NUMBERS ARE COLLECTED FOR THE PURPOSE OF POSSIBLE EMPLOYMENT WITH THE CITY OF HIGH SPRINGS.**

<b>EDUCATION</b>				
	Name/Location of School	Certificate or Degree	Subjects Studied	Grade Average
Elementary				
High School				
College				
Trade, Business or Correspondence School				
Other, including graduate school				

Have you ever been convicted of, pled guilty, no contest or nolo contendere to a crime? yes \_\_\_\_ no \_\_\_\_

If yes, please give details including date, place, offense(s), disposition, etc.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program? yes \_\_\_\_ no \_\_\_\_

If yes, please give details including date, place, offense(s), disposition, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List below sequentially all of your employers in the last ten (10) years, beginning with your current or most recent employer. Use additional pages or the reverse side of this page, if necessary.

Date, Month and Year	Name, Address and Telephone Number of Employer	Position and Job Duties	Salary	Reason for Leaving

Did you work for any of these employers under a different name? yes \_\_\_\_ no \_\_\_\_ If yes, which employers and under what names? \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

Have you received any written reprimands or disciplinary suspensions during any previous employment? yes \_\_\_ no \_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign? yes \_\_\_ no \_\_\_ If yes, please explain, including by whom, when and reason: \_\_\_\_\_

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**DRIVING RECORD**

Do you have a valid driver's license? yes \_\_\_ no \_\_\_ In which state? \_\_\_\_\_

List your driver's license number: \_\_\_\_\_

Have you ever had your driving privileges revoked, suspended, or placed on probation? yes \_\_\_ no \_\_\_  
If yes, please explain, including when, where and what action was taken: \_\_\_\_\_

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List below all traffic violations other than parking, on your record for the last five (5) years and all motor vehicle accidents in which you were involved. Use additional pages if necessary.

Date	Location	Description	Result

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**REFERENCES** List below, the names of four persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Known

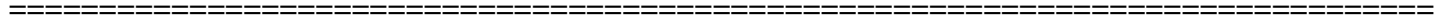
**MILITARY RECORD**

Were you in the U. S. Armed Forces? yes \_\_\_ no \_\_\_ If yes, what Branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the functions of this Office?  
yes\_\_\_ no \_\_\_

If yes, please describe the training, including dates. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment in this Office will require a copy of your DD-214.



**VETERANS' PREFERENCE**

Do you claim veterans' preference? yes\_\_\_ no \_\_\_

(Chapter 295, Florida Statutes, excludes non-disabled, retired military persons from veterans' preference points)

- If Yes: A) Based on active duty during wartime or Vietnam era? \_\_\_\_\_
- B) As a veteran with a compensable service connected disability? \_\_\_\_\_
- C) As the unremarried spouse of a veteran who was killed in action  
or who died of a service connected disability?\*\*\* \_\_\_\_\_
- D) As the spouse of a veteran who cannot qualify for employment  
because of a total and permanent service-connected disability, or the  
spouse of a person missing in action, captured, or forcibly detained  
by a foreign power?\*\*\* \_\_\_\_\_
- E) Have you used a veteran's preference at any time? \_\_\_\_\_

\*\*You must submit current documentation of your veterans' preference status. Please attach a copy of this verification to this application.

_____	_____	_____
Branch	Date of Entry	Date of Honorable Discharge

## EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the City of High Springs to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the City of High Springs all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the City of High Springs, including, but not limited to, any liability for defamation or invasion of privacy. **I understand that my social security number was collected for the purpose of possible employment.**

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a one (1) year probationary period. I further understand that my employment and compensation can be terminated with or without cause or notice, at any time regardless of the successful completion of my probationary period, at the option of either the City of High Springs or myself. I understand that no supervisor or other representative of the City of High Springs has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing.

I further understand and voluntarily agree as condition of employment or my continued employment, that I may be requested by the City of High Springs to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment or may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

**THE CITY OF HIGH SPRINGS IS AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO NON DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, HANDICAP, DISABILITY OR MARITAL STATUS.**