

City of Madison ♦ Employment Application

321 Southwest Rutledge Street, Madison, Florida 32340

www.cityofmadisonfl.com ♦ (850) 973-5081 ♦ Fax: (850) 973-5084



FOR HR USE ONLY

Applicant No.	Position Code	Notes
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An Equal Opportunity Employer and Drug-Free Workplace

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability, marital, or veteran status (except if eligible for veterans' preference).

Notice to Applicants: In accordance with the provisions of the Americans with Disabilities Act, persons requiring special accommodations to participate in the employment process should contact the City Manager's Office at (850) 973-5081 for assistance. Applications for positions with the City of Madison will be accepted only when a vacancy exists for that position. This application has been developed to give you the opportunity to list qualifications, work experience and abilities and will remain active for 90 days. All information submitted is subject to verification. Your ability to complete this application as directed will be evaluated and used as one basis for selection decisions.

INSTRUCTIONS

(MUST BE READ BEFORE COMPLETING THIS FORM)

- Type or print legibly in **blue or black ink only**.
- **Incomplete or illegible applications will not be considered.**
- You may add a resume or attach copies of documents to your application. **However, resumes will not be accepted in lieu of a fully completed application.**
- **All questions must be answered.** Print or type "Not Applicable" for questions that do not apply to you or to the position for which you are applying.

POSITION APPLIED FOR	
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CURRENT PERSONAL DATA

Last Name		First Name	
Current Address		City/State/Zip	
Contact Numbers	Home	Mobile/Other	
Email Address			

EMPLOYMENT AVAILABILITY

Are you seeking full-time or part-time employment?	☐ Full-Time	☐ Part-Time
Earliest date that you are available to start:	Salary Desired:	\$
Are you over 18 years old?	☐ Yes	☐ No
Do you have the right to work in the United States?	☐ Yes	☐ No
Can you, upon employment, submit documentation verifying your right to work and your identity?	☐ Yes	☐ No

	School Name/City State	Year of Graduation	Did you Graduate?	Degree Earned (You may be required to provide proof of degrees/diplomas)
High School			☐ Yes ☐ No	☐ Diploma or GED
College/ University			☐ Yes ☐ No	☐ Associate's; Major
				☐ Bachelor's; Major
Graduate			☐ Yes ☐ No	Major
Post-Graduate			☐ Yes ☐ No	Major
Vocational/ Technical			☐ Yes ☐ No	Study Area

SKILLS, ABILITIES & TRAINING

1. List all degrees, licenses, certifications or additional skills which you possess and which are job-related.
(Please note that you will be required to provide documentation of your licenses, certifications or other.)

2. List the computer programs that you are familiar with and that may be helpful in doing this job. Indicate your proficiency level for each one.

PROGRAM	PROFICIENCY LEVEL (How well do you know the program?)
	☐ Very familiar ☐ Need assistance
	☐ Very familiar ☐ Need assistance
	☐ Very familiar ☐ Need assistance
	☐ Very familiar ☐ Need assistance

3. List any special tools, equipment or machinery you can operate that may be helpful doing this job.

4. List any professional, technical or trade association in which you are a member.

5. Provide information about any other skills, abilities and/or training that are pertinent to this position and have not been covered in another section.

EMPLOYMENT HISTORY (This section must be completed entirely even if attaching a resume.)

- List all full- and part-time employment **for the last 10 years.**
- Account for **all periods of unemployment** which exceed 3 months.
- **Answer all questions. Use additional sheets if necessary.**
- List your employment history as indicated here, even if you were employed under any other names.

Present/Most Recent Employer _____

Street Address _____

City, State, Zip _____ Telephone Number _____

Job Title _____ Supervisor's Name _____

Hire Date _____ Separation (End) Date _____

Describe Your Main Duties & Responsibilities Below

Reason for Leaving (Be specific; this area must be completed.) _____

May the City of Madison contact your present employer? ☐ YES ☐ NO

Employer Name _____

Street Address _____

City, State, Zip _____ Telephone Number _____

Job Title _____ Supervisor's Name _____

Hire Date _____ Separation (End) Date _____

Describe Your Main Duties & Responsibilities Below

Reason for Leaving (Be specific; this area must be completed.) _____

Employer Name _____**Street Address** _____**City, State, Zip** _____ **Telephone Number** _____**Job Title** _____ **Supervisor's Name** _____**Hire Date** _____ **Separation (End) Date** _____**Describe Your Main Duties & Responsibilities Below****Reason for Leaving (Be specific; this area must be completed.)** _____

REFERENCES			
List three (3) personal or professional references (no relatives).			
Name	Occupation	Telephone	Years Known

CITY OF Madison HISTORY	
1. Were you referred by a City of Madison Employee? ☐ Yes ☐ No If yes, please provide the employee's name.	
2. Are you related to anyone presently employed by the City of Madison? ☐ Yes ☐ No If yes, please give name and relationship.	
3. Have you previously filed an application with the City of Madison? ☐ Yes ☐ No If yes, when and what position?	
4. Have you ever been employed by the City of Madison? ☐ Yes ☐ No (If yes, complete the following)	
Dates Previously Employed (From/To)	
Position Title	
Reason for Leaving	

BACKGROUND INFORMATION			
IMPORTANT: A criminal background check and driving record check will be conducted if you are considered for employment. Information concerning arrests and convictions may not necessarily disqualify an applicant. However, any applicant who falsified the application by failing to provide required information on arrests and convictions will, if employed, be subject to dismissal, or, if not employed, be subject to disqualification.			
1. Have you ever been convicted or pled no contest to any felony, first degree misdemeanor, or criminal traffic violation? ☐ Yes ☐ No (If yes, please provide details below, including disposition (including those while in the military, if applicable).			
Year	Offense/Charge	Name/Location of Court	Disposition/Sentence
2. Have you ever been refused a surety bond? ☐ Yes When? _____ ☐ No			
3. Have you ever been named in a charge of discrimination or a lawsuit? ☐ Yes ☐ No If yes, please give date, employer and brief statement of what the complaints were below. Use a separate sheet of paper if needed. <i>Note:</i> This will not automatically exclude you from consideration.			

DRIVER'S LICENSE INFORMATION	
Driver's License Number	
State	
Driver's License Type	☐ Operator ☐ CDL: ☐ A ☐ B ☐ C ☐ D
CDL Endorsements (if applicable)	
Restrictions (if applicable)	
1. Have your driving privileges ever been suspended or revoked? ☐ Yes ☐ No If yes, explain. _____ 2. Do you currently hold a valid driver's license? ☐ Yes ☐ No If no, explain. (Provide a date when the license will be reinstated if suspended/revoked.) _____ _____	

MILITARY SERVICE	
1. Have you ever served in the U.S. military? ☐ Yes ☐ No If yes, what Branch? _____	
2. Dates of Active Duty (From/To) _____	
3. Rank _____ AND Occupational Specialty _____	
4. Type of Discharge _____	

VETERAN'S PREFERENCE	
Are you claiming veteran's preference pursuant to Florida Statute 295.07? ☐ Yes ☐ No If yes, you <u>must</u> complete the City of Madison Claim for Veteran's Preference Form. Please note that you are required to submit the form <u>and supporting documentation</u> with your employment application. You cannot be considered for veteran's preference without providing the required forms and documents with your application.	

AMERICANS WITH DISABILITIES ACT (ADA)	
In accordance with the provisions of the Americans with Disabilities Act (ADA), are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? ☐ Yes ☐ No	

RECORD CHECK AUTHORIZATION AND CERTIFICATE OF APPLICANT



THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF MADISON.

THIS PAGE MUST BE SIGNED AND INITIALED. PLEASE READ CAREFULLY AND INITIAL NEXT TO EACH STATEMENT:

_____ I certify that answers given herein are true and complete.

_____ I authorize the City of Madison to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I consent to references, former employers and educational institutions listed being contacted regarding this application and also consent to complete criminal history background and driver's license checks to be conducted.

_____ I understand that employment is contingent upon successful completion of a pre-employment drug screening test and continuous compliance with the City's Drug Free Workplace policy.

_____ This application for employment shall be considered active for a period not to exceed six (6) months for the specific position for which I am applying. Any applicant wishing to be considered for employment for a different position or beyond this time must complete another application.

_____ I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment with the City of Madison is of an "at will" nature, which means that the Employee may resign at any time and the City Manager may discharge the Employee at any time with or without cause.

_____ I understand all offers of employment are conditioned upon satisfactory reference checks, successful completion of all pre-employment tests and requirements in addition to the production of all documents necessary for the City to verify my identity and work authorization in accordance with the requirements of the U.S. Citizenship and Immigration Services.

_____ In the event of employment, I understand that false or misleading information given in my application or interview(s), regardless of time of discovery, may result in disciplinary action including discharge. If employed, I will abide by all policies and procedures of the City of Madison.

This acknowledgement and consent shall continue to be in effect during my active employment with the City of Madison, Florida.

I have read, understood and agree to the terms of the above statements.

Signature

Date

Applicant's Printed Name

Position Applied For

Applicants missing the required initials and/or signature on this page WILL NOT BE CONSIDERED. Before submitting this application, please verify that all questions have been answered and copies of necessary documentation are attached. Please refer to the instructions on page 1.

CITY OF MADISON
VETERAN'S PREFERENCE CLAIM FORM

VETERAN'S PREFERENCE: Check the appropriate block if you are claiming veteran's preference. For more information, please contact the City Manager.

CHECK ONE ONLY		REQUIRED PROOF
☐	I am not claiming veteran's preference.	N/A
☐	A veteran with a compensable service-connected disability who is eligible for receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense (10 points), <u>or</u>	DD214 or equivalent showing date of induction, date of separation, character of service, and document (dated within the past 12 months) from the Veteran's Administration, Department of Defense or the Division of Veteran's Affairs certifying the existence of a service-connected disability and the percent of the disability.
☐	The spouse of a disabled veteran (who cannot qualify for employment because of a total and permanent disability), or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power (10 points), <u>or</u>	DD214, copy of marriage license and statement that spouse is still married; certification from the Department of Defense or the Veteran's Administration that the veteran is totally and permanently disabled and cannot qualify for employment due to a service-connected disability; or in the case of an M.I.A., a document from the Veteran's Administration or Department of Defense certifying such a condition.
☐	A veteran of any war who has served on active duty for at least one (1) day and who was discharged or separated with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era (5 points). Active duty for training is not allowable, <u>or</u>	DD214 or equivalent showing date of induction, date of separation and character of service.
☐	The un-remarried widow or widower of a veteran who died of a service-connected disability (5 points).	DD214, document from the Department of Defense or Veteran's Administration certifying service-connected death of the veteran, evidence of marriage and statement that spouse is not remarried.

 BRANCH OF SERVICE

 DATE OF ENTRY

 DATE OF DISCHARGE

Note: Under Florida law preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veteran's Affairs, PO Box 31003, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.

I certify that information provided is complete and correct and that any misrepresentation of the claim of preference is grounds for disqualification or candidacy or termination of employment.

 Applicant's Name (Please Print)

 Applicant's Signature

 Date

 Social Security Number

 Veteran's Name (if different from applicant – Please Print)

 Veteran's Social Security Number

Office Use Only

Award

Date