

**CITY OF MONTICELLO  
EMPLOYMENT APPLICATION FORM**

**NOTICE TO APPLICANT**

**General Instructions:**

Application for current vacancies is made by completion and submittal of an employment application prior to the advertised deadline. The application must be completely filled out. A resume may be attached. A separate application is required for each position for which you apply.

**Driver's License Policy Requirements:**

If the position for which you are applying requires the operation of a city vehicle or maintenance equipment, you are required to possess and maintain a driving record which meets the City's standards for insurance coverage. If you are offered this position, this offer of employment is contingent upon your meeting the standards listed below. You must submit a copy of your State of Florida driving transcript upon employment. Inability to meet the following standards will prevent your employment:

- A. Record must be free of the following violations in the past three (3) years:

Suspended or Revoked License	Reckless Driving
D.U.I. or D.W.I.	Vehicular Homicide
Fleeing or Attempting to Elude	Drag Racing
Three or More Accidents or Violations	

- B. Record must have no more than one moving violation in a year period.

**Drug Free Workplace Policy**

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or alcohol is prohibited in the city workplace. Sanctions to be taken against employees for violation of this policy shall result in appropriate personnel action, up to and including discharge and/or as an alternative, requiring employee participation in an approved drug abuse assistance or rehabilitation program. These actions shall be in accordance with the City of Monticello Personnel Policy.

**Education Requirement**

City employees must have a high school diploma or equivalency.

***This page is for your information. Does not need to be turned in with application.***

The City of Monticello is an Equal Employment Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status

## CITY OF MONTICELLO EMPLOYMENT APPLICATION FORM

DATE \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

### Instructions

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, attach additional sheets.

### PERSONAL HISTORY

Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Other Names You Have Used \_\_\_\_\_

\_\_\_\_\_

Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Can you travel if your job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by the City before? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION/TRAINING

High School & Address \_\_\_\_\_

Dates Attended \_\_\_\_\_

Did You Graduate \_\_\_\_\_

College/University & Address \_\_\_\_\_

Dates Attended \_\_\_\_\_

Did You Graduate \_\_\_\_\_

Degree \_\_\_\_\_

Other Schools (Trade/VoTech) \_\_\_\_\_

Certificate Issued \_\_\_\_\_

Indicate any type of special licenses:

\_\_\_\_\_

Describe any word processing or computer skills and list all software used:

\_\_\_\_\_

\_\_\_\_\_

Indicate any special skills you possess and equipment you can use which may be related to the job you are applying for:

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date are you available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Nights or Weekend

## EMPLOYMENT HISTORY

List chronologically all employment **beginning with present employment**, including part-time employment.

Name & Address of Employer \_\_\_\_\_  
Title \_\_\_\_\_  
Dates Worked \_\_\_\_\_  
Salary \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Name & Address of Employer \_\_\_\_\_  
Title \_\_\_\_\_  
Dates Worked \_\_\_\_\_  
Salary \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

Name & Address of Employer \_\_\_\_\_  
Title \_\_\_\_\_  
Dates Worked \_\_\_\_\_  
Salary \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Name & Address of Employer \_\_\_\_\_  
Title \_\_\_\_\_  
Dates Worked \_\_\_\_\_  
Salary \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

*Use Additional Sheets, If Necessary*

Have you ever been dismissed or been asked to resign or had any disciplinary action taken against you from any employment or position you have held?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Are you a licensed Florida automobile operator or chauffeur?  Yes  No

License Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Have you received a traffic ticket or been charged with a traffic violation during the past five years?  Yes  No

Have you ever had your license suspended or revoked?  Yes  No

Have you ever served in the Armed Forces of the United States?  Yes  No

If yes, answer the following:

Branch of Service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Active Duty Dates: From \_\_\_\_\_ to \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Was any type of disciplinary action taken against you in the service?  Yes  No

Are you designated as disabled because of military service?  Yes  No

**Veterans Preference: Check the appropriate block if you are claiming veterans' preference.**

***Documentation substantiating your claim must be furnished at the time of application.***

\_\_\_a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by U.S. Veteran's Administration or the Department of Defense.

\_\_\_b. The spouse of a 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, or

\_\_\_c. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or

\_\_\_d. The unmarried widow of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987?  
\_\_\_ Yes      \_\_\_ No    If Yes, give name of employer: \_\_\_\_\_

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in a. and b. above, and second to those persons included in c. and d. above. If an applicant claiming veteran's preference for a Vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731

## PERSONAL REFERENCES - ACQUAINTANCES

Give three references (not relatives, former or present employers, fellow employees or school teachers) who have known you well for the past three years:

Ref. #1 Name \_\_\_\_\_

Yrs. Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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Ref. #2 Name \_\_\_\_\_

Yrs. Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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Ref. #3 Name \_\_\_\_\_

Yrs. Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

## ORGANIZATION MEMBERSHIP

List all professional, trade, business, or civil activities and offices held:

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Initial Each Paragraph Below Indicating Acceptance:

\_\_\_ I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misrepresentation will be the basis for my disqualification as an applicant or my dismissal from city employment. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph elimination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the city and that it and the information received in response to the background examination are public records.

\_\_\_ I further understand and agree that my employment will be contingent upon the results of a completed drug test.

\_\_\_ I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

\_\_\_ I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

\_\_\_ I understand and agree that any employment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the City has absolute discretion to periodically substitute cash, in whole or in part, for my accrued compensatory time.

\_\_\_ I authorize any of the persons or organizations referenced in this application to furnish information, personal, or otherwise, regarding my ability and fitness for employment with the City, and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the City.

\_\_\_ I agree to conform to the rules, regulations and orders of the City and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the City, at its discretion, at any time without prior notice to me.

*Sign the Presence of a Witness*

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Witness to Applicant's Signature**

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

(If considered for employment, the following waiver will be required)

**PERSONAL INQUIRY WAIVER  
AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO: Concerned Person or Authorized Representative of Any Organization, Institution,  
Or Repository of Records**

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

I respectfully request and authorize you to furnish to the City of Monticello any and all information that you concerning my work record, school record, military record, driving record, reputation, and financial and credit status. (Financial and credit status will only be asked for if you are offered a job that gives you access to cash or the transferring of funds) Please include any and all reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in my qualifications and fitness for the position I am seeking with the City of Monticello.

I hereby release you, your organization or others from any liability or damage which may result from the furnishing the information requested above.

*Sign only in the presence of a Notary Public*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

He/She is personally known to me or has presented \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

(Seal)