

CITY OF GRACEVILLE

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

The City of Graceville is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, handicap, age, marital status, gender, or sexual persuasion.

PERSONAL INFORMATION

DATE

NAME

SOCIAL SECURITY NUMBER

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS CITY BEFORE?

WHERE?

WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	*ND OF YEARS ATTENDED	*YEAR GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

TYPES OF EQUIPMENT OPERATED:

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. DEPT. HEAD 2. CITY MANAGER

PERSONAL INQUIRY WAIVER

City of Graceville has requested your social security number for the following specific purposes: to process and report wages pursuant to the Social Security Administration Act; to report income pursuant to the Federal Department of Internal Revenue Service; to initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting, for Drug Screening Test Identification; and to process your employment benefits/retirement.

APPLICANTS NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO. _____

I respectfully request and authorize you to furnish the City of Graceville Personnel or Police Department any and all information that you may have concerning my work record, school record, military record, reputation and financial and credit status. Please include any and all medical, physical, and mental records or reports including all information of a confidential or privileged nature, and Photostat of same if requested. This information is to be used to assist in determining any qualifications and fitness for the position I am seeking with the City of Graceville.

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

Applicants Signature

Date

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

Before me personally the said _____ who says that he/she executed to above instrument of his/her on free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____. Of 20__.

My Commission Expires _____ Notary Signature _____