



City of Marathon

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation or any other legally protected status

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(Please Print)

POSITION(S) APPLIED FOR		DATE
HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency _____		
NAME _____ Last _____ First _____ Middle _____		
PRESENT ADDRESS Street, City, State _____ Zip Code _____		
TELEPHONE NUMBERS (Home) _____ (Cell) _____	(Work) _____	SOCIAL SECURITY NUMBER ____ / ____ / ____
E-MAIL ADDRESS _____		
If you are under 18 years of age, can you furnish a work permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, when? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by us before? If yes, when? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work? _____		
Are you available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work		
Will you travel if the job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in this country? (Proof of citizenship or immigration status will be required upon employment)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Since your 18th birthday, have you been convicted of any violation of the law, other than minor traffic offences, or pleaded nolo contest to criminal charges, even if adjudication was withheld?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following information:		
Name of Offense _____		
Name and Location of court _____		
Deposition of Case _____		
NOTE: A conviction does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, relationship to this job, etc. are given consideration.		

City of Marathon
10045 Overseas Highway
Marathon, FL 33050

EDUCATION

EDUCATION		COURSE OF STUDY	YEARS COMPLETED	DID YOU RECEIVE A DEGREE (state degree/major)
High School	Name _____ City _____ State _____			
Undergraduate College/University	Name _____ City _____ State _____			
Undergraduate College/University	Name _____ City _____ State _____			

Veterans Preference

Do you intend to claim Veterans preference pursuant to Chapter 295 of Florida Statutes? Yes No

If you answered yes to the above question, you must provide a copy of a DD-214 and/or proof of receipt of disability benefits dated within six months of the date of application.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

ADDITIONAL INFORMATION

List professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status):

SPECIAL SKILLS AND QUALIFICATIONS

Please list any special job related skills and qualifications acquired from employment or other experience that may qualify you to work with our City.

DRIVERS LICENSE INFORMATION:

Do you have a valid license: Yes No

License Type Operator CDL Class

Endorsement Code _____ License # _____ State _____ Exp Date _____

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, disabilities or other protected status.

1. Employer _____ Dates Employed From _____ To _____
Address _____
Telephone Number _____ Hourly Rate/Salary Starting _____ Final _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Summarize the nature of the work you performed and the job responsibilities: _____

May we contact for reference check? Yes No

2. Employer _____ Dates Employed From _____ To _____
Address _____
Telephone Number _____ Hourly Rate/Salary Starting _____ Final _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Summarize the nature of the work you performed and the job responsibilities: _____

May we contact for reference check? Yes No

3. Employer _____ Dates Employed From _____ To _____
Address _____
Telephone Number _____ Hourly Rate/Salary Starting _____ Final _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Summarize the nature of the work you performed and the job responsibilities: _____

May we contact for reference check? Yes No

Please explain any gaps in your employment.
If you need additional space, please continue on a separate sheet of paper.

REFERENCES

1. Name: _____ Phone #: _____
Address: _____
May we contact your reference? YES NO LATER

2. Name: _____ Phone #: _____
Address: _____
May we contact your reference? YES NO LATER

Authorization and Acknowledgment
PLEASE READ BEFORE SIGNING THIS STATEMENT

I certify that the information I included in this application is true and complete to the best of my knowledge and understanding. I have answered each question completely, including information, which you may consider unfavorable. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also authorize the City to contact the references and employers listed above to obtain any information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the City from all liability for any damage that may result from utilization of such information.

Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath, as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of Employment, pass a medical examination by a City physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate **will not** be given further consideration under the present announcement for this classification. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City of Marathon, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

I also understand and agree that no representative of the City has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized City representative.

I understand that, if hired, my employment is at-will, and can be terminated by the City or me at any time, with or without cause, and without prior notice. I further understand and agree that this application is not intended to be nor does it give rise to a contract for employment, or in the event of employment, a contract for continued employment.

Signature of Applicant _____ Date: _____

DO NOT WRITE IN THIS SECTION/FOR HUMAN RESOURCES USE ONLY

COMMENTS: _____

