CITY OF SOPCHOPPY

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

*Local Newspaper

Where To Find Vacancy Information *Sopchoppy City Hall *www.sopchoppy.org



*Call (850) 962-4611 for additional information.

Title:	
Department of Interest:	
Date Available:	
Status: • Part-Time • Full-Time	• Temporary
Minimum Acceptable Salary:	
HOW DO WE CONT	TACT YOU
Applicant's Name	
Applicant's Mailing Address	
City State	Zip Code
Home Phone	
In Case of Emergency Notify (1st)	Phone Number
In Case of Emergency Notify (2 nd)	Phone Number

POSITION APPLIED FOR

GENERAL INSTRUCTION

- *Please type or print in ink.
- *To be considered for employment, complete your application in its entirely, sign in the certification section and specify the position for which you are applying.
- *Your application must be received by the office announcing the vacancy by the closing date.
- *A **separate** application must be submitted for each vacancy.
- *Photocopies are acceptable.

EDUCATION

- *All information you submit is subject to verification.
- *City of Sopchoppy hires only U.S. citizens and lawfully authorized alien workers.
- *If you need any assistance completing this application, please call our office at (850) 962-4611 in advance.
- *If claiming Veterans' Preference, complete the Veterans' Preference Section and include a copy of your DD214.
- *All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.
- *All Applications will be kept on file for one (1) year.

LICENSE, REGISTRATION OR

CERTIFICATION

HIGH SCHOOL:					
Name/Address of School: Received: • Diploma • Other (Please Specify)				y)	
			• None		
YOUR NAME, IF DIFFERI	ENT WHILE ATTEN	DING SCHOOL:			
COLLEGE, UNIVERS			OL: (Transcripts May F	Se Required)	
NAME OF SCHOOL LOCATION ATTENDANCE		CREDIT HOURS EARNED (QTR. OR SEM.)	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED	
YOUR NAME, IF DIFFERI	ENT WHILE ATTEN	DING SCHOOL:	•		
JOB-RELATED TRAI	NING OR COUR	RSE WORK: (Voca	ational, Trade, Governme	ntal, Business, Armed	l Forces, ETC.)
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)	CREDIT HOURS EARNED (QTR. OR SEM.)	COURSE OF STUDY	TRAINING COMPLETED? (YES OR NO)
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:					

LICENSE, REGISTRATION, CERTIFICATION (EXAMPLES: Driver's License, Teacher Certification, Etc.)

NUMBER

DATE

RECEIVED

EXPIRATION

DATE

STATE LICENSING

AGENCY

Address:	ded, attach additional sheets using the same	format as on the application. Resumes are	vees supervised. Provide an explanation of any gaps in employn acceptable for the description of duties and responsibilities or
Name of Present or Last Employer: Address:	er information in this section must be comple	red.	
Address: Supervisor's Name: From:	you have any objections to your present/pas	at employer(s) being contacted?	□Yes □No
Address:	Name of Present or Last Employer:		
From:			
Hours Worked Per Week:Hourly Rate/Salary: Starting:Ending:	Your Job Title:		Supervisor's Name:
Hours Worked Per Week: Hourly Rate/Salary: Starting: Ending: Duties and Responsibilities: Reason For Leaving: Phone Number: Your Job Title: Supervisor's Name: From: / / / / / / / / / / / / / / / / / / /	From:////	To://///	Vous Nome of Different During Familyament
Duties and Responsibilities: Reason For Leaving:			
Reason For Leaving: Name of Next Previous Employer:		_	
Name of Next Previous Employer: Address:	Duties and Responsibilities.		
Name of Next Previous Employer: Address:			
Name of Next Previous Employer: Address:			
Address:			
Address: Your Job Title: Supervisor's Name: From: Month Day Year Your Name If Different During Employment Hours Worked Per Week: Hourly Rate/Salary: Starting: Ending: Duties and Responsibilities: Reason For Leaving: Reason For Leaving: Phone Number: Your Job Title: Supervisor's Name: From: Month Day Year To: Month Day Year Your Name If Different During Employment Hours Worked Per Week: Hourly Rate/Salary: Starting: Ending:	Reason For Leaving:		
Address: Phone Number: Your Job Title: To: / /			
Your Job Title: From:	Name of Next Previous Employer:		
From:	Address:		Phone Number:
Hours Worked Per Week: Hourly Rate/Salary: Starting: Ending:	Your Job Title:		Supervisor's Name:
Hours Worked Per Week: Hourly Rate/Salary: Starting: Ending:	From:/		
Duties and Responsibilities: Reason For Leaving:			
Reason For Leaving: Name of Next Previous Employer:		_	<u> </u>
Name of Next Previous Employer: Address:	Duties and Responsibilities:		
Name of Next Previous Employer: Address: Phone Number:			
Name of Next Previous Employer: Address:			
Name of Next Previous Employer: Address:			
Address:	Reason For Leaving:		
Address:			
Address:	Name of Next Previous Employer:		
Your Job Title: From: / / To: / / Month Day Year Your Name If Different During Employment Hours Worked Per Week: Hourly Rate/Salary: Starting: Ending:	_ - ·		
From:/			
Hours Worked Per Week: Hourly Rate/Salary: Starting: Ending:			
	Month Day Year	Month Day Year	Your Name If Different During Employment
Duties and Responsibilities:	Hours Worked Per Week:	Hourly Rate/Salary: Starting:	Ending:
	Duties and Responsibilities:		

Address:		Phone Number:	
Your Job Title:		Supervisor's Name:	
From: / /	To: / /		
Month Day	Year Month Day Year	Your Name If Different Du	ring Employment
Hours Worked Per Week:	Hourly Rate/Salary: Starting:	Ending	:
Outies and Responsibilities:			
Reason For Leaving:			
Name of Next Previous Emplo	ver:		
Addross		DI N I	
Your Job Title:		Supervisor's Name:	
· · · <u> </u>	To://	Your Name If Different Du	
Month Day Hours Worked Per Week:	Year Month Day Year Hourly Rate/Salary: Starting:	Four Name II Different Du	
	Thoursy Kate/Salary: Starting:	Enung	•
Outies and Responsibilities:			
Reason For Leaving:			
CIALIZED SKILLS (0	Check Skills/Equipment Operated)		
		Production/Mobile	Other (list):
DC.	Microsoft Excel	Machinery (list):	
PC Calculator	Microsoft Excel		
Calculator Typewriter	Microsoft Outlook		_
Fax	Copy Machine		
	F/		
State any additional in	formation you feel may be help	pful to us in considering y	our application.
•			* *

	ENCES	
1		
	(Name)	(Phone Number)
	(Address)	-
2.		
<i>2.</i>	(Name)	(Phone Number)
	(Address)	
3.		
	(Name)	(Phone Number)
	(Address)	
	(Address)	
	RANS' PREFERENCE INFORMATION	
	on of the Veterans' Preference section is made on a voluntary basis and kept cour Veterans' Preference categories:	nfidential as permitted by law. Listed below
	. A veteran with a service-connected disability who is eligible for or received.	ving compensation, disability retirement, or
	pension under public laws administered by the U.S. Department of Veterans'	
2	2. The spouse of a veteran who cannot qualify for employment because of a total	
	a veteran missing in action, captured, or forcibly detained by a foreign power	, or
3	3. A veteran of any war who has served on active duty for one day or more du	
	for training, and who was discharged under honorable conditions from the A	rmed Forces of the United States of America
4	or I. The unmarried widow or widower of a veteran who died of a service-connect	ted disability.
_		•
	e may be given only to eligible persons under one of the categories described The preference does not apply to any position exempted by operation of Section 2	
A DD214	or compared document, which services as a certificate or release claim, must l	be furnished at the time of application. In
	applicants claiming categories 1, 2, or 4 above must furnish supporting docume	
Rule 55A-	-7.013, F.A.C. Wartime periods are defined in 1.01(14), F.S. Under Florida la	
	ose persons in categories 1 and 2 and then those in categories 3 and 4.	
	licant claiming Veterans' Preference for a vacant position is not selected, he nt of Veterans' Affairs, Post Office Box 31003, St. Petersburg, Florida 33731-	
	he applicant receiving notice of hiring decision made by the employing agency of	*
	th the employer if no notice is given.	within 5 months of the date the apprention
VETER	RAN'S PREFERENCE CLAIM (Please see above instructions)	
	NAME:	
	IF ELGIBLE, WHICH VETERANS' PERFERENCE CATEGORY ARE YOU (Please indicate number from Veterans' Preference information section above)	CLAIMING?
,	(a reason distribution from vectoris and resonance information section above)	
_	u ever been employed by any state or any of its political subdivisions (such	_
application	ons? \Box YES	\square NO

NOTE: If you are claiming Veterans' Preference, you <u>must</u> meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

LAW ENFORCEMENT BACKGROUND		
ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE OR THOSE ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07(3)(K)1, F.S.?	HE SPOUSE	OR CHILD
	\square YES	\square NO
**Other covered jobs include: correctional probation officers, fire fighters, certain judges, assistant state attorneys, assistant and statinvestigators in the Department of Health and Rehabilitative Services {SEE 119.07(3)(k)1,F.S.}	tewide prosecuto	rs, and certain
BACKGROUND INFORMATION (PLEASE RESPOND TO THIS SECTION ONLY IF NOTED ADVERTISEMENT)	ON EMPL	OYMENT
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NO CONTEST TO A CRIME, HAD ADJUDICATION WITHHELD FOR A CRIMINAL OFFENSE, ENTERED A PRE-TRIAL INTERVENTION OR DIVERSION PROGRAM OR BEEN PLACED ON COURT-ORDERED PROBATION?	☐ YES	□NO
If "YES", give details concerning the type of crime, the date of conviction, the plea of guilty, the plea of withheld, probation or pre-trial diversion ordered, and the penalty imposed. (Attach separate paper if necess		ljudication
HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL LAWSUIT ALLEGING AN INTENTIONAL TO NOT LIMITED TO, ASSAULT, BATTERY, INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS PRIVACY RIGHTS?		
If "YES", please provide the nature of the intentional tort, and the disposition of the lawsuit. (Attach separate	paper if nece	essary)
NOTE: Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the re or statutorily eradicated, any conviction for which probation has been successfully completed or otherwise discharges and the case has referrals to and participation in any pretrial or post-trial diversion programs.)	cord has been sea	led, expunged,
CITIZENSHIP		
ARE YOU AN U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	☐ YES	\square NO
NOTE: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is provide proof of citizenship or authorization to work in the U.S.	made, you will	be required to
RELATIVES		
TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?	☐ YES	\square NO
If "YES", Who?Relation:		
SELECTIVE SERVICE SYSTEM REGISTRATION		
IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGI	STRATION Y	WITH THE
SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION?	YES	

CERTIFICATION I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment con and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as a law. I consent to the release of information about my ability, employment history and fitness for employment by employers, schenforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Sopchoppy for employment purposes. I also authorize the procurement of a consumer report as part of the pre-employment backets. By signing below, I also agree to allow the City to conduct checks of all information that is discoverable on Internet and Soc websites and to allow such information to influence both interviewing and hiring decisions for employment. This consent shall content of the pre-employment, if I am hired. I understand that applications submitted for city employment are public records. I content to the best of my knowledge and belief all statements contained herein and on my enterthment are true content, and made				
to the best of my knowledge and belief all statements contained herein and on my attachment are true , correct , complete , and made in good faith .				
SIGNATURE:	DATE:			
WITNESS SIGNATURE:	DATE:			

NOTE: Applicants may be subjected to a FDLE background check and urinalysis drug test.

EQUAL OPPORTUNITY APPLICANT SURVEY

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our equal employment opportunity/affirmative action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring decision. Please note that the survey is anonymous, you are not required to provide your name or any other information, which would specifically identify the applicant. Your cooperation will be greatly appreciated.

Today's Date:				
Position applying for:				
Sex: ☐ Male ☐	I Female	Age:		
Racial/Ethnic Data (check one):			
☐ <u>Hispanic:</u> A person of M culture or orig	Mexican, Puerto Rican, gin, regardless of race.	Cuban, Cen	tral or South American	or other Spanish
☐ <u>Asian or Pacific Islander</u>	Southeast Asia, th	ne Indian Su	y of the original peoples becontinent, or the Pacifi orea, Samoa, India and th	ic Islands. This
☐ Black (not Hispanic orig	in): A person havin North Africa or		any of the original pec	oples of Europe,
☐ White (not Hispanic orig	in): A person havin North Africa or		any of the original pec	oples of Europe,
☐ American Indian or Alas	North	America, an	rigins in any of the origins who maintains culturation or community reco	ral identification
Disabled status: ☐ YES	□ NO			
Nature of Disability:				
How did you learn about the jo	ob? (check one)			
☐ Wakulla News	□ Walk-in		☐ Call-in	
☐ Tallahassee Democrat	☐ City Emp	ployee	☐ Friend	
☐ Job Line ☐ Job announcement at				
□ Other:				