



CITY OF GULFPORT, FL.
EMPLOYMENT APPLICATION

City of Gulfport, Personnel Division • 2401 53rd Street South • Gulfport Fl.
33707-5161 (727)-893-1021 Fax: (727) 893-1026 E-mail: sowen@mygulfport.us

Name: _____
Last First M.I. Social Security No.

Address: _____
Street City State Zip

Telephone No: _____
Home Work

Prior address if less than 7 yrs: _____
Street City State Zip

Position applying for: _____ Desired salary: \$ _____

Are you legally eligible to work in the United States? _____ Yes _____ No

Date available to begin work: _____ Applying for: Full-time _____ Part-time _____ Seasonal _____

Have you ever worked for the City of Gulfport? _____ Yes _____ No
If yes, indicate title and prior work dates: _____

Do you have relatives who are City employees? _____ Yes _____ No
If yes, indicate name and relationship: _____

Do you have a valid driver's license? _____ Yes _____ No
If yes, indicate License # _____ State Issued _____

Expiration Date: _____ Class _____ Endorsements _____

Has your license ever been revoked or suspended? _____ Yes _____ No
If yes, when and for what reason? _____

POLICE AND DRIVING RECORDS WILL BE CHECKED

With the exception of any offense committed before your 18th birthday, list below all offenses against the law (other than minor traffic violations) where you have been found guilty, where charges are pending adjudication, where you pled guilty or nolo contendere, where adjudication was withheld, or where you were placed on probation or in a supervised program. You do not have to list charges that were dropped or of which you were found innocent. Criminal convictions are not an automatic bar to employment and will only be considered in relation to the position for which you are applying. However, omissions or deceptive statements may disqualify you from examination, certification, appointment or retention.

Date	Charge	City/County/State	Disposition

Have you ever been refused a surety bond? _____ Yes _____ No

EDUCATION

Circle or Click under Highest Grade Completed:

Elementary/High

1 2 3 4 5 6 7 8 9 10 11 12

College

1 2 3 4

Graduate School

1 2 3 4

School	Name/Address of School	Dates Attended From To	Answer below for each school to highest level completed
High School			Did you graduate? ___ Yes ___ No If no, do you have Equivalency Certificate (GED) ___ Yes ___ No Issued by (State): _____ Issued Date: _____
College/University			___ Associate Degree ___ Bachelor's Degree Did you graduate? ___ Yes ___ No Graduation Date: _____ Major _____, Minor _____
College/University			___ Associate Degree ___ Bachelor's Degree Did you graduate? ___ Yes ___ No Graduation Date: _____ Major _____, Minor _____
Graduate Studies			___ Master's Degree ___ Other: _____ Did you graduate? ___ Yes ___ No Major field of study: _____
Vocational or Business			Major Study _____ Hrs Completed _____ Certificate/Diploma Received? ___ Yes ___ No
Computer Training			Course Title _____ Hrs Completed _____ Certificate/Diploma Received? ___ Yes ___ No
Other Occupational Licenses or Certificates:			Languages other than English: Spoken Fluently: _____ Written Fluently: _____

List any other additional information that may help us consider your application, including special training, equipment that you can operate and the number of years of experience, computer applications and skill level, typing speed (if applicable), and any awards and professional organizations that relate to the job for which you are applying:

In case of Emergency Notify:

Name: _____ Address _____ Phone No. _____

EMPLOYMENT HISTORY

All applicants must complete the following even if you have sent or attached a resume. Please, complete all information requested, beginning with your most recent employer. List employers separately, including military service and any periods of unemployment. If your immediate supervisor is no longer with the employer, list someone who knew your work. If you were employed under another name, please indicate. Explain any gaps in employment.

Present or Most Recent Employer:

Name of Employer: _____ Job Title: _____
Address _____ City _____ State _____ Zip _____
Start Date _____ Last Date _____ Ending Salary _____
Name, title, & telephone number of your immediate supervisor: _____

May we contact your present employer regarding your employment record? _____ Yes _____ No

Describe specific duties and responsibilities:

Reason for leaving: _____

Next Previous Employer:

Name of Employer: _____ Job Title: _____
Address _____ City _____ State _____ Zip _____
Start Date _____ Last Date _____ Ending Salary _____
Name, title, & telephone number of your immediate supervisor: _____

Describe specific duties and responsibilities:

Reason for leaving: _____

Next Previous Employer:

Name of Employer: _____ Job Title: _____
Address _____ City _____ State _____ Zip _____
Start Date _____ Last Date _____ Ending Salary _____
Name, title, & telephone number of your immediate supervisor: _____

Describe specific duties and responsibilities:

Reason for leaving: _____

Next Previous Employer:

Name of Employer: _____ Job Title: _____
Address _____ City _____ State _____ Zip _____
Start Date _____ Last Date _____ Ending Salary _____
Name, title, & telephone number of your immediate supervisor: _____

Describe specific duties and responsibilities:

Reason for leaving: _____

VETERANS' PREFERENCE

Are you claiming veterans' preference? _____ Yes _____ No

Dates of Military Service: _____

Have you been employed by the State of Florida or a political subdivision of the State? _____ Yes _____ No

If yes, give employer name: _____

And dates of covered employment: _____

A discharge under honorable conditions is required. For verification, form DD214 and proof of percentage of compensable disability dated within the last year is required.

Preference in appointment is given to a disabled veteran or spouse, veterans who served during a wartime period, and an unremarried widow or widower. An applicant eligible for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731, (727) 898-2121 or 1-800-827-1000. The investigation request must be filed within 21 calendar months from the date the application was received by the employer when the applicant has not received notice of the hiring decision. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

Name (please print)

Social Security Number

Signature

Date

PLEASE READ BEFORE SIGNING APPLICATION FORM:

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the City or its agent to conduct a thorough investigation into my prior employment and any other area of my background, including criminal background (regardless of adjudication) and driver's license checks which the City believes to be relevant to my employment. I do further consent to the release and disclosure to the City or its agent from any persons, company, corporations, or government agency any information sought concerning my background and do further release from liability the City or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I understand that job offers extended by the City of Gulfport in some or all job classifications are conditioned upon successful completion of a physical examination by an authorized physician who will determine whether I can perform the essential functions of the position offered, with or without reasonable accommodations. In addition, I voluntarily consent and agree to pre-employment drug testing and the results of the test to be released to the City of Gulfport. I understand that if I fail the pre-employment drug test, the City may withdraw my employment offer. Furthermore, the City of Gulfport will pay the cost of my physical examination and drug screening. However, should I voluntarily resign within six months of my hire date, I understand that the cost of the physical examination and drug screening will be deducted from my final paycheck.

I acknowledge that any false information provided by me to the City may constitute grounds for immediate discharge, regardless of when the false information is discovered by the City. Similarly, I understand that my continued employment is contingent on successfully passing a background investigation as determined by the City. Any information discovered about me during this investigation, which was deemed by the City to be unsatisfactory, may constitute grounds for immediate discharge, regardless of when discovered.

Signature: _____

Date: _____

The City of Gulfport is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual preference or veterans' status (except if eligible for Veterans' Preference).

City of Gulfport

FCRA INVESTIGATIVE REPORT DISCLOSURE STATEMENT

As required by the Fair Credit Reporting Act, this is to advise you that, a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained by the City of Gulfport for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I hereby acknowledge receipt of the foregoing disclosure.

Signature

Date