CITY OF GULFPORT, FLORIDA
EMPLOYMENT APPLICATION

City of Gulfport, Personnel Division | 2401 53rd Street South | Gulfport, FL 33707-5161
(727) 893-1021 | Fax (727) 893-1005 | Email: sfarrell@mygulfport.us

Hover over form fields for instructions.

Name (Last) (First) MI SSN

Street Address City State Alabama ZIP

Home Phone Work Phone Desired salary

Prior Address City State Alabama ZIP
(if less than 7 years)

Position applying for

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 License # State issued Alabama

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Has your license ever been revoked or suspended?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
			Alabama	
			Alabama	
			Alabama	

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

EDUCATION

Select highest grade completed.

Elementary	◯ 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	From / To
High School		Did you graduate? ◯ Yes ◯ No If no, do you have Equivalency Certificate (GED)? ◯ Yes ◯ No Issued by Alabama Date
College/ University		◯ Associates Degree Did you graduate? ◯ Yes ◯ No ◯ Bachelor's Degree Major Minor
College/ University		◯ Associates Degree Did you graduate? ◯ Yes ◯ No ◯ Bachelor's Degree Major Minor
Graduate Studies		◯ Master's Degree Did you graduate? ◯ Yes ◯ No ◯ Other Major field of study
Vocational or Business		Major field of study Hours completed Certificate/diploma received? ◯ Yes ◯ No
Computer Training		Course title Hours completed Certificate/diploma received? ◯ Yes ◯ No

Other occupational licenses or certificates

Languages other than English

Spoken fluently

Written fluently

Additional information that may help us to consider your application

Emergency Contact Information

Name | Phone

Street Address | City | State: Alabama | ZIP

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.

Name of current/most recent employer | From | To

Street Address | City | State: Alabama | ZIP

May we contact? ◯ Yes ◯ No | Ending salary | Job Title

Reason for leaving

Supervisor | Supervisor's Title | Phone

Duties

Next previous employer | From | To

Street Address | City | State: Alabama | ZIP

May we contact? ◯ Yes ◯ No | Ending salary | Job Title

Reason for leaving

Supervisor | Supervisor's Title | Phone

Duties

Next previous employer | From | To

Street Address | City | State: Alabama | ZIP

May we contact? ◯ Yes ◯ No | Ending salary | Job Title

Reason for leaving

Supervisor | Supervisor's Title | Phone

Duties

EMPLOYMENT HISTORY (cont'd)

Next previous employer | From | To

Street Address | City | State Alabama | ZIP

May we contact? ◯ Yes ◯ No | Ending salary | Job Title

Reason for leaving

Supervisor | Supervisor's Title | Phone

Duties

VETERANS PREFERENCE

Are you claiming veterans' preference? ◯ Yes ◯ No | Dates of military service From | To

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

If yes, give employer name

Dates of covered employment From | To

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 compliant 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.

Printed name | SSN | Signature and 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 preemployment drug testing and the results of the test to be released to the City of Gulfport. I understand that if I fail the preemployment 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 thisinvestigation, which was deemed by the City to be unsatisfactory, may constitute grounds for immediate discharge, regardless of when discovered.

Signature and 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 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 and date

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Pursuant to Section 119.071(5)(a)., Florida Statutes, this is to serve as notice that the City of Gulfport is requesting your social security number for one or more of the following employment related purposes: Identification and verification, tracking, benefit processing, tax reporting and as a unique numeric identifier and may be used for search purposes. In addition, under Florida law, your social security number may be released to other Governmental agencies and commercial entities as required by law.

I hereby acknowledge receipt of the forgoing disclosure.

Signature and date