



**Mail To:**  
 City of Port St. Joe  
 City Clerk's Office  
 P.O. Box 278  
 Port St. Joe, Florida 32457

**Hand Deliver/FedEx to:**  
 City of Port St. Joe  
 City Clerk's Office  
 305 Cecil G. Costin Sr. Blvd.  
 Port St. Joe, Florida 32456

**Phone:** (850) 229-8261

**Fax:** (850) 227-7522

Please complete each item in the following application in legible handwriting, printing, or type. Black ink is preferred. To be considered for employment the **application must be completed in its entirety.** Please list **only one position per application.**

<b>PERSONAL DATA</b>	_____				
	Last Name	First Name	M.I.	Social Security No.	Date of Application
	Present Address (Street, City, State, Zip Code) _____				
	Telephone No. (Word, Other) _____		(Home) _____	E-mail Address _____	
	Valid Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO CDL <input type="checkbox"/> please specify class _____				
License No. _____					
<b>EMPLOYMENT INFORMATION</b>	<b>Position for Which You are Applying</b> _____				
	(List Only One Position Per Application)				
	Salary Expected _____ hourly/annual				
	Are you seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal				
	Are you able to work the hours required by the position? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Have you ever filed an application with the City before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give date(s) _____				
	Have you ever been employed with the City before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give date(s) _____				
	Do you have any relatives currently employed by the City? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give names(s) _____				
Are you under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give date of birth _____					
Are you legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the United States.					

The City of Port St. Joe is a **Drug-Free Workplace Employer** and requires applicants and employees to submit to Drug Testing. The City is an **Equal Employment Opportunity/Affirmative Action Employer** and will consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Individuals who require accommodations in order to complete the employment application process should contact the City Clerk's office at the phone number listed above.

<b>KNOWLEDGE &amp; SKILLS</b>	Please list any knowledge, skills, and abilities you possess and believe relevant to the position you seek, such as <u>operating heavy equipment, computer skills, fluency in language(s) etc.</u> <hr/> <hr/> <hr/> <hr/>												
<b>REFERENCES</b>	Please list three persons, other than relatives who have knowledge of your work experience and/or education.												
	<table border="1"> <thead> <tr> <th data-bbox="142 527 678 569">NAME&amp; ADDRESS</th> <th data-bbox="678 527 1268 569">OCCUPATION</th> <th data-bbox="1268 527 1547 569">PHONE NUMBER</th> </tr> </thead> <tbody> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> </tbody> </table>	NAME& ADDRESS	OCCUPATION	PHONE NUMBER	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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<b>EDUCATION &amp; TRAINING</b>	<p><b><u>HIGH SCHOOL, COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL</u></b></p> <p>Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 3 4</p> <p>Received Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Degree Attained _____ Year Received _____</p> <table border="1"> <thead> <tr> <th data-bbox="142 982 678 1024">NAME OF SCHOOL</th> <th data-bbox="678 982 1008 1024">CITY/STATE</th> <th data-bbox="1008 982 1547 1024">DEGREE, MAJOR OR TYPE OF COURSE</th> </tr> </thead> <tbody> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> </tbody> </table>	NAME OF SCHOOL	CITY/STATE	DEGREE, MAJOR OR TYPE OF COURSE	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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<p><b><u>JOB RELATED TRAINING AND COURSE WORK</u></b> (Please provide institution name, location and date(s) of attendance)</p> <hr/> <hr/> <hr/>													
<b>BACKGROUND</b>	<p>Have you ever been discharged from employment because your work or conduct was not satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a criminal Drug or Alcohol Offense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give dates and explanation _____</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list each offense _____</p> <p>An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.</p>												

**EMPLOYMENT HISTORY**

Please list all current and/or previous employment. Begin with your current or most recent position and list all previous positions in chronological order. If additional space is needed please submit supplemental sheets, resumes may be included.

May we contact your current employer?  Yes  No If No, explain \_\_\_\_\_

Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Salary (Beginning & Ending) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Position Held \_\_\_\_\_ (Part/Full time) Reason for Leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Salary (Beginning & Ending) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Position Held \_\_\_\_\_ (Part/Full time) Reason for Leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Salary (Beginning & Ending) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Position Held \_\_\_\_\_ (Part/Full time) Reason for Leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Salary (Beginning & Ending) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Position Held \_\_\_\_\_ (Part/Full time) Reason for Leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

<b>ADDITIONAL FACTS</b>	Please include any additional information that you think would be helpful to us in considering you for employment
	_____
	_____
	_____
	_____
	_____

**STATEMENT OF AFFIRMATION AND AUTHORIZATION**

AFFIRMATION	AUTHORIZATION
<p>I understand that any employment offer will be contingent upon the successful completion of a pre-placement medical examination and background investigation. As a part of the City's requirement for a work force free from drugs, the pre-placement medical examination will include a drug test.</p> <p>To the best of my knowledge all information on this application is true and correct. I understand any false statements, representations, or failure to disclose pertinent information is sufficient cause for dismissal from the City's employment if hired.</p> <p>I understand that an offer of employment is not an employment contract and that either the City or I may terminate the employment relationship at any time.</p>	<p>I authorize and consent to every person, firm, company, corporation, governmental agency, medical facility or practitioner, association, court, school, college, university or institution having control of any documents, records and other information pertaining to me, to furnish such information, upon request by The City of Port St. Joe. I do also authorize the National Personnel Records Center and/or Army/Navy/Marine/Air Force/Coast Guard or their reserve components, to release information in their files about me to the City or its authorized agents.</p> <p>This Authorization will serve as a release of any and all information and for this purpose a photo copy shall be considered an original and valid.</p> <p>I have read and fully understand the contents of this statement of "Authorization".</p>
<p>Applicant's Signature _____ Date _____</p>	<p>Applicant's Signature _____ Date _____</p>

**FOR OFFICE USE ONLY – APPLICANT PLEASE DO NOT WRITE IN SECTIONS BELOW**

Date Application Entered \_\_\_\_\_

Computer     Log Book     Postcard Receipt

Entered by (initials) \_\_\_\_\_

Forwarded to \_\_\_\_\_

Department \_\_\_\_\_

Date Returned \_\_\_\_\_ Filed by \_\_\_\_\_

Date Applicant Interviewed \_\_\_\_\_

Applicant's Status (please check appropriate box)

S Applicant selected

N Did not show for interview

I Insufficient applicable experience

Q Does not meet minimum qualifications

M Better matched candidate was chosen

R Job was offered but rejected

B Not best qualified

Comments:

\_\_\_\_\_

\_\_\_\_\_

Interviewer's Initials \_\_\_\_\_