



CITY OF MIDWAY

50 MARTIN LUTHER KING BOULEVARD. P.O. BOX 438 MIDWAY, FL 32343 (850)574.2355: (850)574.0655

A Separate application must be submitted for each job you apply for. Copies are acceptable.

Where to find Vacancy Information:

On the Internet at

www.mymidwayfl.com

Equal Opportunity Employer

Equal Access Employer

Affirmative Action Employer

Job Title: _____ Phone Number: _____

Application Date: _____

Are you a Current City Employee? Yes No

Are you a Former City Employee? Yes No

Where did you learn of this vacancy? _____

**Please notify the hiring department directly and in advance if, due to a disability, you require special accommodations to participate further in the employment process.*

Name: _____ S.S. # _____ D.O.B. ____/____/____
Last First M.I.

Address: _____
Street City State Zip

Mailing Address: (if different for above) _____
Street City State Zip

CITIZENSHIP | AUTHORIZATION TO WORK

The City of Midway hires only U.S. citizens and lawfully authorized alien workers. 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 U.S.

Are you a U.S. citizen or are you legally authorized to work in the U.S.? YES / NO

EEO REPORTING DATA

The following information is not required. It is requested only for Equal Employment Opportunity record keeping, reporting, and compliance purposes as specified by Title VII of The Civil Rights Act of 1964 as amended. SEX: Male Female

RACE: (Check one only.) Black White Hispanic n Asian Pacific Islander American Indian or Alaskan Other

SELECTIVE SERVICE REGISTRATION

If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System, or proof of exemption from such registration? N/A YES / No

NOTE: If "Yes" and you are selected as a finalist for this position, you will be required to show proof of registration or exemption prior to appointment.

RELATIVES IN CITY EMPLOYMENT

To your knowledge, do you have any relatives working for the City of Midway? Yes / No

If "Yes", Name(s): Relationship(s): Dept. (s) where employed: (continue list on another sheet, if necessary)

DRIVER LICENSE INFORMATION

State of Issuance: _____

Expiration Date: _____

Driver License Number: _____

Driver License Type (Circle One): A B C D E _____

Endorsement(s) (Circle if applicable): N P H X _____

EDUCATION: Circle highest year completed: High School 1 2 3 4 College 1 2 3 4			
School	Name and Location	List Diploma, GED, OR Degree obtained	Major Studies
High School			
College/University			
Graduate/Professional			
Vocational or Correspondence			

FOR HUMAN RESOURCES USE ONLY:

Screened by: _____ Date: _____ Eligibility: _____ Veteran's Preference: _____

List any current licenses or certifications relevant to the position you are applying for:

KNOWLEDGE | SKILLS/ ABILITIES (KSAs)

List KSAs and/or certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, Computer skills, fluency in language(s) etc. _____

A CRIMINAL HISTORY INFORMATION SCREENING WILL BE CONDUCTED ON THE SELECTED APPLICANT. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINAL HISTORY, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

1. Have you ever been convicted of a felony or a first-degree misdemeanor? ____YES ____ NO
2. Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? ____YES ____ NO

If you answered Yes to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor:

CHARGE	DATE OF DISPOSITION	COUNTY/STATE

Continue list on another sheet, if necessary

CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I provide may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for City employment are public records except as noted in next section. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further understand that if I am selected to fill a safety-sensitive position, I will be required to successfully pass a pre-employment drug test prior to appointment.

SIGNATURE: _____ DATE: _____

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other covered employee* or the spouse or child of a covered employee or former employee who is exempt from public records disclosure under §119.07, Florida Statutes? ____YES ____ No

*Other covered jobs include correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement and certain investigators in the Department of Children and Families; human resource, labor relations, or employee relations directors, and their spouses & children; code enforcement officers and their spouses & children. (See §119.07, FS.)

VETERANS' PREFERENCE CLAIM

In order to receive Veterans' Preference, documentation substantiating your claim must be furnished with this application**. Check the appropriate block and attach the required documentation if you are claiming Veterans' Preference.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The unmarried widow or widower of a veteran who died of a service-connected disability.

**A DD214 or comparable document that serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in §1.01.F. S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state (city, county, etc.). Under Florida law, preference in appointment shall be given by the City to those persons in categories 1 and 2 and then to those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

Branch of Service: _____ Date of Entry: _____ Date of Honorable Discharge: _____

Have you claimed Veterans' Preference and entered into covered employment by a covered employer? Yes No

An applicant eligible for Veteran's Preference who believes he or she was not afforded employment preference in accordance with Florida law may file a complaint requesting an investigation with the Department of Veterans' Affairs, P. O. Box 31003, St Petersburg, FL 32331. A complaint must be filed within 21 calendar days from the date that the notice of hiring decision is received by the applicant or within three calendar months of the date the application is filed with the employer. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

PERIODS OF EMPLOYMENT: All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be submitted as supplemental information.

Describe your work experience in detail beginning with your PRESENT or most recent job, and describe all periods of employment and periods of unemployment if longer than six months. Be sure to provide complete information regarding each position. **IMPORTANT: Indicate supervisory responsibility and number of employees supervised. For the purposes of the City supervisory responsibility involves having the authority, in the interest of the employer, to hire, transfer, suspend, lay off recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action where the exercise of such authority requires the use of independent judgment Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities.**

May we contact your current employer? YES NO
 If "Yes," Name of Employer: _____

May we contact your former employer? YES NO

APPLICANT'S CERTIFICATION AND AUTHORIZATION - Read carefully before signing:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge if hired, and that I am required to abide by all rules and regulations of the City of Midway upon hire. I also consent to undergo a physical examination including a drug screen after I have been offered employment, as deemed necessary.

SIGNATURE: _____

DATE: _____

Name of Present or Last Employer: _____
 Address: _____ Phone No: _____
 Your Job Title: _____ Supervisor's Name and Title: _____
 From: To: ___/___/___ Number of Hours Worked Per Week: _____ Annual Salary: _____
 Your Name if Different During Employment: _____
 Supervisory Responsibility (see definition above): Yes No
 Number of employees supervised: _____
 Duties & Responsibilities: _____

 Reason for Leaving: _____

Name of Employer: _____
Address: _____ Phone No: _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: To: ___/___/___ Number of Hours Worked Per Week: _____ Annual
Salary: _____ Your Name if Different During Employment: _____
Supervisory Responsibility (see definition above): ___ Yes ___ No
Number of employees supervised: _____
Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____
Address: _____ Phone No: _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: To: ___/___/___ Number of Hours Worked Per Week: _____ Annual Salary: _____
Your Name if Different During Employment: _____
Supervisory Responsibility (see definition above): ___ Yes ___ No
Number of employees supervised: _____
Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____
Address: _____ Phone No: _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: To: ___/___/___ Number of Hours Worked Per Week: _____ Annual Salary: _____
Your Name if Different During Employment: _____
Supervisory Responsibility (see definition above): ___ Yes ___ No
Number of employees supervised: _____
Duties & Responsibilities: _____

Reason for Leaving: _____

If needed, attach additional sheet, using the same format as on this page. Resumes may be attached to provide additional information regarding duties and responsibilities.