



# CITY OF MIDWAY

50 MARTIN LUTHER KING BOULEVARD, P.O. Box 438 MIDWAY, FL 32324 (850) 574-2355 FAX: (850) 574-0633 WWW.MIDWAYFL.

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

Where to find Vacancy

informaton:

On the Internet at

[www.midwayfl.com](http://www.midwayfl.com)

Equal Opportunity Employer

Equal Access Employer

Affirmative Action Employer

Job Title: \_\_\_\_\_

Application Date: \_\_\_\_\_

Are you a Current City Employee? Yes  (ID \_\_\_\_ ) No

Are you a Former City Employee? Yes  (ID \_\_\_\_ ) No

Where did you learn of this vacancy? \_\_\_\_\_

- Complete this application in its entirety. Type or print in ink.
- Specify the requisition number and position number for which you are applying. (Note: A sepaerate application must be submittted for each vaceny. Photocopies are acceptable.
- Submit your application to: Midway City Hall 50 Martin Luther King Boulevard P.O. Box 438 Midway, Florida 32343 ● Submit your name in the Certification Section on page 2 (not required for e-mail submittal). All information you submit is subject to verification.
- Notify the hiring department direty in advance if, due to a disability, you require special accommodations to participate further in the employment process.

Your Name

Social Security Number

Email Address

Your Home Address

City

County

State

Zip

Yor Mailing Address (If different from above)

Home Phone

Work, Business or Cell Phone(specify type)

## 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.)  White  Black  Hispanic  Asian or 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 or registration or exemption prior to appointment.

## RELATIVES IN CITY EMPLOYMENT

\_\_ To your knowledge, do you have nay 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 \_\_\_\_\_

Driver License Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Driver License Type (Circle One):

A B C D E

Endorsement(s) (Circle if Applicable):

N P H X

EDUCATION- Circle Highest Grade Completed. You will be asked for more detailed information in the next section.

Grade School  1  2  3  4  5  6  7  8 High School  9  10  11  12  GED College  1  2  3  4 Graduate School  1  2  3  4

## FOR HUMAN RESOURCES USE ONLY:

Screened by: \_\_\_\_\_ Date: \_\_\_\_\_ Eligibility: \_\_\_\_\_ Veteran's Preference: \_\_\_\_\_

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

**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, F.S.)*

**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**  May we contact your former employer? **Yes**  **No**

If "Yes," Name of Employer: \_\_\_\_\_

1 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: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **Yes**  **No**  Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year  
Supervisory Responsibility (see definition above): YES  NO  Number of employees supervised: \_\_\_\_\_  
Your Name if Different During Employment: \_\_\_\_\_  
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: \_\_\_\_\_  
Month Day Year Month Day Year  
Supervisory Responsibility (see definition above): YES  NO  Number of employees supervised: \_\_\_\_\_  
Your Name if Different During Employment: \_\_\_\_\_  
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: \_\_\_\_\_  
Month Day Year Month Day Year  
Supervisory Responsibility (see definition above): YES  NO  Number of employees supervised: \_\_\_\_\_  
Your Name if Different During Employment: \_\_\_\_\_  
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.*