



## CITY OF ST. AUGUSTINE APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment opportunities with the City of St. Augustine. Due to the large number of applications received, **only applicants selected for interviews will be contacted.** You are welcomed to call us at (904) 825-1013 anytime to check on the status of your application or if you have questions.

Position Desired _____	The City of St. Augustine is an Equal Opportunity Employer. Applicants will not be discriminated against in any aspect of employment based on race, color, religion, sex, age, national origin, disability or marital status.
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P E R S O N A L	Last Name	First	Middle	Date	
	Street Address				Primary Phone
	City, State, Zip				Alternate Phone
	Have you ever applied for employment with us?				Will you work overtime if required by
	Yes No If yes, when and what dept:				This position? Yes No
	Are you available for full-time work?				Pay Expected
	Yes No If not, what hours can you work?				Date available to begin work
	Are you legally eligible for employment in the United States?				
Proof of citizenship or immigration status required. Yes No					

<b>Education:</b>	Check highest grade completed: 10 11 12 G.E.D. AA BA Master
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List your High School, College, Business, Trade, Correspondence or other courses below:

	Name of School/City & State	# Yrs Attended	Major or Course of Study	Degree or Certificate Rec'd
E D U C A T I O N	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Have you ever been convicted of, sentenced for or plead Nolo Contendere to a felony? If so, please describe below. (In accordance with City policy this information will be reviewed for job relatedness and time since last conviction.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Incident	City / State	Charge
1.		
2.		

PLEASE ENTER EXPLANATION OR CONTINUATION OF ANY ITEM ON PAGE 4

# EMPLOYMENT HISTORY

Begin with the most recent place of employment and go back 10 years (if applicable).  
Information is to be accurate and complete. (Include part time)

<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State/Zip Code</p> <p>_____ Phone Supervisor</p>	<p>Job Title: _____</p> <p>Duties: _____</p> <p>Employed from: _____ to _____</p> <p>Weekly Pay: Start _____ Last _____</p> <p>Reason for leaving: _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State/Zip Code</p> <p>_____ Phone Supervisor</p>	<p>Job Title: _____</p> <p>Duties: _____</p> <p>Employed from: _____ to _____</p> <p>Weekly Pay: Start _____ Last _____</p> <p>Reason for leaving: _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State/Zip Code</p> <p>_____ Phone Supervisor</p>	<p>Job Title: _____</p> <p>Duties: _____</p> <p>Employed from: _____ to _____</p> <p>Weekly Pay: Start _____ Last _____</p> <p>Reason for leaving: _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State/Zip Code</p> <p>_____ Phone Supervisor</p>	<p>Job Title: _____</p> <p>Duties: _____</p> <p>Employed from: _____ to _____</p> <p>Weekly Pay: Start _____ Last _____</p> <p>Reason for leaving: _____</p>

_____ Company Name _____ Street _____ City State/Zip Code _____ Phone Supervisor	Job Title: _____ Duties: _____ _____ Employed from: _____ to _____ Weekly Pay: Start _____ Last _____ Reason for leaving: _____
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CONTINUE EMPLOYMENT HISTORY ON PAGE 4

We may contact the employers listed on this application unless you indicate those you do not want to contact.	<b><u>DO NOT CONTACT</u></b> Employer: _____ Reason: _____
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<b>MILITARY INFORMATION</b>	
COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	
Describe your duties and any special training:	Branch of Service: _____ Period of Active Duty (Month and Year) From: _____ To: _____ Rank at Discharge: _____ Date of Final Discharge: _____

VETERANS PREFERENCE – Do you claim a veteran's preference?  Yes  No  
 (Attach your DD214 and any other required supporting documentation, if claiming)

S I G N A T U R E	<p>I, the undersigned, understand that as an employee, my employment relationship with the City of St. Augustine is one of employment-at-will, and that I can be dismissed by the City at any time with or without cause (except to the extent that my status is modified by any collective bargaining agreement that may be applicable to me). I also understand that I am free to separate my employment with the City of St. Augustine at any time with or without cause.</p> <p>The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I hereby authorize the City of St. Augustine to contact schools, previous employers, references and others, and hereby release the City, schools, previous employers, references and others contacted from any liability resulting from such contact and the information provided.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide at my request the names and address of the agency so I may obtain from them the nature and substance of the information contained in the report consistent with applicable law.</p> <p>My signature below also applies to any additional information provided on page 4.</p> <p>_____ Signature</p> <p>_____ Date</p>
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