



CITY OF
WILLISTON
FLORIDA

50 N.W. Main ST. • P.O. Drawer 160 • Williston, Florida 32696-0160
Phone (352) 528-3060 • Fax (352) 528-2877

RE: CITY OF WILLISTON EMPLOYMENT APPLICATION

Dear Applicant,

Please find enclosed a blank City of Williston Employment Application Form. This form should be completed in full with additional sheets attached as needed to describe any applicable knowledge, skills, abilities and certification as well as your prior work experience.

The City of Williston is an Equal Opportunity Employer and does not tolerate violence in the workplace.

Submit your application at the contact information given above or email it to the City Clerk at city.clerk@willistonfl.org. Please do not hesitate to contact us with any questions.

The mission of the City of Williston is to offer an efficient, affordable and safe place to live, work and play.



THE CITY OF WILLISTON EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer
The City of Williston does not tolerate violence in the workplace.

Where to Find Vacancy Information:
On the Internet: <http://www.willistonfl.org>

FOR OFFICIAL USE ONLY			
	/ /		
Agency Authorized	Date	Class Code	Status

POSITION APPLIED FOR	
Agency: _____	
Title: _____	
Position Number: _____	Date Available: _____
Counties of Interest: _____	
Minimum Acceptable Salary: _____	

GENERAL INSTRUCTIONS

Type or print in ink this application in its entirety.

Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)

Submit your application to the office announcing the vacancy no later than the close of business on the announced deadline date.

Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the employment process.

GENERAL INSTRUCTIONS

Your Name _____

Social Security Number _____

Your Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ SUNCOM (State Employees) _____

EDUCATION

HIGH SCHOOL

NAME/ LOCATION OF SCHOOL	YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:
RECEIVED YEAR: _____	<input type="checkbox"/> Diploma <input type="checkbox"/>

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/ YEAR)		CREDIT HOURS EARNED		MAJOR/ MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/ YEAR)		CREDIT HOURS EARNED		MAJOR/ MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION

EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Expiration Date	State Licensing Agency

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position or gap in employment. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, **attach additional sheets**, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities. All other information in this section must be completed.

1 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____ (_____)
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

2 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____ (_____)
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

3 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____ (_____)
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

ANNUAL SALARY: _____ STARTING/ _____ ENDING

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

4 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____ (_____)

ANNUAL SALARY: _____ STARTING/_____ ENDING
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

5 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____ (_____)

ANNUAL SALARY: _____ STARTING/_____ ENDING
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

6 NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

TITLE: _____ SUPERVISOR'S NAME: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____ (_____)

ANNUAL SALARY: _____ STARTING/_____ ENDING
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

MAY WE CONTACT YOUR EMPLOYER? YES NO

DUTIES AND RESPONSIBILITIES: _____

REASON (S) FOR LEAVING: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07, F.S.? YES NO

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistance 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 [see §119.07, F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? YES NO

If "YES", what charge(s)? _____

Where convicted? _____ Date of Conviction _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR? YES NO

If "YES", what charge(s) ? _____ Date of Conviction _____

Where convicted? _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR? YES NO

If "YES", what charge(s)? _____ Date of Conviction _____

Where convicted? _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, severity and date of the offense in relation to the position for which your are applying are considered.

CITIZENSHIP

The State of Florida hires only U.S. citizen 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

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY? YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempt.

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? YES NO

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** 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 give 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 Florida State government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith**.

SIGNATURE : _____ DATE _____

YOUR NAME: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____ POSITION NUMBER: _____

VETERAN'S PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

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 unremarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document, which 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. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preferences is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?
(Please indicate number from Veterans' Preference Information section above.)

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA?

YES NO

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?

YES NO

NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge form Active Duty) and any other required supporting documentation with your application.

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the Office of the State Attorney in its commitment to Equal Employment Opportunity and Affirmative Actions. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, Florida 32303.

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

POSITION NUMBER: _____

SEX: MALE FEMALE

DATE OF BIRTH: _____

RACE (Check one only)

WHITE (Non Hispanic) BLACK (Non Hispanic) HISPANIC ASIAN OR PACIFIC ISLANDER NATIVE AMERICAN

OTHER (Specify) _____