



City of Williston

EMPLOYMENT APPLICATION

Equal Opportunity Employer

The City of Williston does not tolerate violence in the workplace.

Submit to Human Resources:

Mail: PO Drawer 160,

Williston, Florida 32696

In Person: 50 NW Main Street,

Williston, Florida 32696

Email: hr@willistonfl.org

FOR OFFICIAL USE ONLY

Agency Authorized Signature

Date

Broadband/Class Code

Status

POSITION APPLIED FOR

Department: _____

Title: _____

Date Available: _____

Minimum Acceptable Salary: _____

Please complete this section

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information within this application in its entirety. Incomplete applications may not be considered.
- Do not type or write "See Resume" in Employment Section.
- Type or print in ink.
- All information provided will be public record and will be released upon request, unless exempt or confidential.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Submit application no later than 11:59 PM (EST) on the announced deadline date.
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

HOW DO WE CONTACT YOU?

Name

Mailing Address

City

County

State

Zip Code

Phone

Alternate Phone

E-mail Address

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL

RECEIVED:

☐

Diploma

☐

Other (specify) _____

☐

None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

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		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: Teacher Certification, RN, LPN, PE, CPA, etc.)

LICENSE, REGISTRATION OR CERTIFICATION:

Number

Date Received

Expiration Date

State Licensing Agency

PERIODS OF EMPLOYMENT-Include at least ten (10) years of work experience on the application (if applicable).

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

3 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

If needed, attach additional sheets to complete 10 years of employment, using the same format as on the application. Resumes may be attached to provide additional information

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

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

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**,
OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS
DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)?

☐ YES

☐ NO

**Other covered jobs include but are not limited to: 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 [see §19.071, F.S.].

Please summarize your past education and experience to show that you qualify for this position.

CITIZENSHIP

The City of Williston hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN?

☐ YES

☐ NO

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING
AUTHORITY TO WHICH YOU ARE APPLYING?

☐ YES

☐ NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?

☐ 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, human resources staff, and other authorized employees of City of Williston municipal 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. 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: _____

Typed Signature Accepted

APPLICATION FOR VETERANS' EMPLOYMENT PREFERENCE

****Complete ONLY if you are claiming Veterans' Preference****

(Available only to Florida residents)

Applicant Full Name: _____

Position Applied for: _____

Check the appropriate below box 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 ("DVA") and the Department of Defense ("DoD").
- Provide copy of DD-214 or equivalent from the DVA showing military status, dates of service, discharge type; and copy of document from the DoD, DVA or Florida Department of Veterans' Affairs ("VA") certifying the veteran has a compensable service connected disability.
- ☐ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained in line of duty by a foreign power.
- Spouses of disabled veterans must provide copy of spouse's DD-214 or equivalent from the DVA showing military status, dates of service, discharge type; copy of document from the DoD or DVA certifying the veteran is totally and permanently disabled or an identification card issued by the VA; copy of marriage certificate; and proof that the veteran cannot qualify for employment because of the service-connected disability.
 - Spouses of persons on active duty must provide a document from the DoD or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty or forcibly detained by a foreign power and copy of marriage certificate.
- ☐ 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 a veteran who has served in a campaign or expedition for which a qualifying badge or expeditionary medal has been authorized. Wartime periods are defined in Section 1.01, Florida Statutes.
- Provide copy of DD-214 or equivalent from the DVA showing military status, dates of service, discharge type.
- ☐ 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
- Spouse must provide a document from the DoD or the DVA certifying the service-connected death of the veteran; copy of marriage certificate; and a statement that spouse is not re-married.

Supporting documents must be furnished to the City's Human Resource office by the "Closing Date" indicated on the position posting/advertisement.

If any applicant claiming Veterans' Preference for a vacant position is not selected for the position, he/she may file a complaint with the Department of Veterans' Affairs, by email at VeteransPreference@fdva.state.fl.us or by mail to FL Dept of Veterans Affairs, 11351 Ulmerton Road, Suite 311, Largo, FL 33778-1630. A complaint shall be filed within 21 days from the date that notice of the hiring decision is received by the applicant or within 3 calendar months of the date the application was received by the City, if no notice is given.

Applicant Signature _____

Date: _____

I am not claiming Veteran's Preference

Veteran's Name: _____
(If different from applicant)

Signature

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____



Equality and Diversity Form

We are committed to equal opportunities in employment and welcome applications from all sections of the community. In order to ensure the effectiveness of equality and diversity, you are requested to complete the data in the appropriate sections. This information is exclusively for demographic analytic purposes.

Name _____

Address _____

Postal code _____

Phone Number: _____

Email: _____ Hire Date: _____

Sex: Male ☐ Female ☐ Date of Birth: _____

Marital Status: Single ☐ Married/Civil Partners ☐ Divorced ☐ Widowed ☐

Were you previously employed at the City of Williston? Yes ☐ No ☐

Are you a Veteran? Yes ☐ No ☐

Are you a disabled Veteran? Yes ☐ No ☐

What is your ethnic background? Please select the appropriate box that indicates your cultural background.				
A – White or Hispanic	B - Mixed	C - Asian or Asian British	D - Black or Black British	E - Chinese of other Ethnic Group
<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Any other White, Hispanic, or Latino background, please specify:	<input type="checkbox"/> White & Hispanic <input type="checkbox"/> White & Black - Caribbean <input type="checkbox"/> White & Black - African American <input type="checkbox"/> Any other Mixed background, please specify:	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please specify:	<input type="checkbox"/> Caribbean <input type="checkbox"/> African American <input type="checkbox"/> Any other Black background, please specify:	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other, please specify:

What is your religion? Please select the appropriate box that indicates your religious background.

☐ None ☐ Buddhist ☐ Muslim ☐ Jewish ☐ Christian
☐ Hindu ☐ Sikh ☐ Any other religion, please specify _____

The Disability Discrimination Act 1995 defines a disabled person as anyone who has had a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities. Taking this definition into consideration, do you consider you have a disability?

Yes ☐ No ☐

If Yes, please give details. _____

How did you find out about the vacancy? _____

Signature: _____ Date: _____