CITY OF NICEVILLE
208 N. Partin Drive, Niceville, Florida 32578
Human Resources (850) 279-6436

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

NOTE: APPLICANTS ARE REQUIRED TO EXECUTE A NON-TOBACCO USE AFFIDAVIT

You must be 18 years of age to apply

ALL COMPLETED EMPLOYMENT APPLICATIONS MUST BE RETURNED TO DANIELLE HOLLEY IN THE ADMINISTRATION OFFICE AT 208 N. PARTIN DRIVE

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

_____

How did you learn about us?

☐ Advertisement ☐ Friend ☐ Walk-In

☐ Employment Agency ☐ Relative ☐ Other _____

Name of Referral source: _____

Last Name First Name Middle Name

_____

Street City State Zip Code

_____

Telephone Number(s) Social Security Number Drivers License Number and State

I hereby authorize my driving record to be disclosed or otherwise made available to the City of Niceville and insurance companies as deemed necessary for insurance underwriting purposes.

_____ _____
Signature

Have you ever filed an application with us before? ☐ Yes ☐ No
If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No
If Yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary?

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
If Yes, Please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Starting Date:	**Work Performed**
Address		Ending Date:	
Telephone Number(s)		Starting Pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	
Employer		Starting Date:	**Work Performed**
Address		Ending Date:	
Telephone Number(s)		Starting Pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	
Employer		Starting Date:	**Work Performed**
Address		Ending Date:	
Telephone Number(s)		Starting pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	
Employer		Starting Date:	**Work Performed**
Address		Ending Date:	
Telephone Number(s)		Starting Pay:	
Job Title	Supervisor	Ending Pay:	
Reason for Leaving		Average Hours:	

Copies of Education Documents, Birth Certificate, Photo I.D., and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification including any driving violations. All questions have been answered completely and I understand that my eligibility for hire may be based on a rating of this application. My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Signature Date

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

_____

_____

_____

_____

_____

_____

Summarize special job related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

Additional Information

MILITARY EXPERIENCE

Were you in the Armed Forces? ☐ Yes ☐ No

If Yes, what branch? _____

Dates of duty: From:_____ To:_____

Rank at separation: _____

Describe any job-related training received in the United States Military.

_____

_____

_____

_____

References

1._____ (_____)
(Name) Phone #

_____
(Address)

2._____ (_____)
(Name) Phone #

_____

3._____ (_____)
(Name) Phone #

_____
(Address)

Printed Name of Applicant _____

Today's Date _____

NON-TOBACCO USE POLICY

Effective February 7, 2012, the City of Niceville does not accept applications from individuals who use tobacco products.

Do you smoke and/or use tobacco products?

_____ Yes _____ No

AFFIDAVIT

I, _____ , do hereby affirm that I do not smoke and/or use tobacco products, in accordance with the Personnel Plan of the City of Niceville, Florida. I understand I will be expected as a condition of my employment to be tobacco-free upon hire and to remain tobacco-free during my employment with the City of Niceville.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this _____ day of _____, _____ .

_____
Signature of Applicant

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.

If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

U.S. Department of Justice
Civil Rights Division

Office of Special Counsel for Immigration-Related Unfair Employment Practices

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.

Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que -

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos validos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja valida de discriminación. Comuníquese con la Oficina del Consejero Especial (OSC) de Practicas Injustas en el Empleo Relacionadas a la Condición de Inmigrante para obtener ayuda en español.

Llame al 1-800-255-7688; TDD para personas con problemas de audición: 1-800-237-2515. En Washington, DC, llame al (202) 616-5594: TDD para personas con problemas de audición: (202) 616-5525. O escríbale a OSC a la siguiente dirección:

U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

Departamento de Justicia de los Estados Unidos, División de Derechos Civiles

Oficina del Consejero Especial

This Employer Participates in E-Verify

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

N O T I C E:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. E-Verify Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218

Este Empleador Participa en E-Verify

Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es valida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. E-Verify Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218