

# APPLICATION FOR EMPLOYMENT

**Mail/Hand Deliver/FedEx to:**  
 City of Niceville  
 Human Resources Department  
 204 N. Partin Dr.  
 Niceville, Florida 32578



**Main Number:** (850) 279-6436 x 1412  
**Fax:** (850) 279-4577  
**E-mail:** [dholley@niceville.org](mailto:dholley@niceville.org)

**TO BE CONSIDERED FOR EMPLOYMENT, ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED**  
**You must be 18 years of age to apply**

Please complete each item in the following application in legible handwriting, printing, or type.

<b>PERSONAL DATA</b>	Application Date	
	Name: Last, First, MI	
	Street Address	
	City, State, & Zip	
	Primary Phone	
	Secondary Phone	
	E-Mail Address	
	Social Security No	
	Valid Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO CDL <input type="checkbox"/> Please specify class _____ DL # _____	
	(Drivers' License number for validation and insurable purposes only)	

<b>EMPLOYMENT INFORMATION</b>	<b>Position for which you are Applying (or areas of interest):</b> _____	
	<b>How did you hear about this position?</b> _____	
	Salary Expected:	Hourly <input type="checkbox"/> Annual <input type="checkbox"/>
	Are you seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
	On what date would you be available for work? _____	
	Have you ever filed an application with the City before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever been employed with the City before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Can you travel if a job requires it?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you legally authorized to work in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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 United States.		

<b>BACKGROUND</b>	Have you ever been discharged from employment because your work or conduct was not satisfactory? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever been convicted of a criminal Drug or Alcohol Offense? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please give dates and explanation:
	Have you ever been convicted of a felony or first degree misdemeanor, plead Nolo Contendere or guilty to a crime that is a felony or first degree misdemeanor, or had an adjudication withheld for a crime that is a felony or first degree misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, explain each offense:
<b><i>An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.</i></b>	

E M P L O Y M E N T H I S T O R Y

Please list all current and/or previous employment. Begin with your current or most recent position and list all previous positions in chronological order. If additional space is needed please submit supplemental sheets, resumes may be included.

<b>Employer Name:</b>	Starting Date of Employment:	<b>Job Title:</b>
Address:	Ending Date of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours:
Phone Number:	Begin Salary:	Supervisor's Name:
Supervisor:	Ending Salary:	Reason for Leaving:
Duties/Responsibilities:		

<b>Employer Name:</b>	Starting Date of Employment:	<b>Job Title:</b>
Address:	Ending Date of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours:
Phone Number:	Begin Salary:	Supervisor's Name:
Supervisor:	Ending Salary:	Reason for Leaving:
Duties/Responsibilities:		

<b>Employer Name:</b>	Starting Date of Employment:	<b>Job Title:</b>
Address:	Ending Date of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours:
Phone Number:	Begin Salary:	Supervisor's Name:
Supervisor:	Ending Salary:	Reason for Leaving:
Duties/Responsibilities:		

<b>Employer Name:</b>	Starting Date of Employment:	<b>Job Title:</b>
Address:	Ending Date of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Average Hours:
Phone Number:	Begin Salary:	Supervisor's Name:
Supervisor:	Ending Salary:	Reason for Leaving:
Duties/Responsibilities:		

**KNOWLEDGE & SKILLS**

Please list any knowledge, skills, and abilities you possess and believe relevant to the position you seek, such as operating equipment (specific types), computer skills (specific programs), typing wpm, dictation, etc.

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**REFERENCES**

Please list three references, who have knowledge of your work experience and/or education.

<b>Full Name:</b>	<b>Relationship</b>
<b>Occupation:</b>	Phone: (    )
<b>Address:</b>	
<b>Full Name:</b>	<b>Relationship</b>
<b>Occupation:</b>	Phone: (    )
<b>Address:</b>	
<b>Full Name:</b>	<b>Relationship</b>
<b>Occupation:</b>	Phone: (    )
<b>Address:</b>	

**EDUCATION & TRAINING**

**HIGH SCHOOL, COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL**

Select highest grade completed:  9  10  11  12      Received Diploma or Equivalency?  YES  NO

College:  1  2  3  4      Graduate School:  1  2  3  4      Received Degree?  YES  NO

*Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional certifications. Give dates of attendance, credit hours completed, type of degree, and major/minor. List all technical and/or trade courses or programs you have completed.*

Highest Degree Attained:		
Name of School	City / State	Degree, Major or Type of Course

**JOB RELATED TRAINING AND COURSE WORK** (Please provide institution name, location and date(s) of attendance)

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**ADDITIONAL FACTS**

Please include any additional information that you think would be helpful to us in considering you for employment.

**MILITARY EXPERIENCE**

If you are eligible for veteran's preference, please provide from DD-214 along with Veteran's Preference Form

Were you in the Armed Forces?  YES  NO

If yes, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Separation: \_\_\_\_\_

Job-related training received:

## STATEMENTS OF AFFIRMATION AND AUTHORIZATION

Please initial acknowledgement to each of the following

\_\_\_\_\_ **CERTIFICATION:** I certify that answers given herein are true to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application: interview(s) or any part of the employment process may result in my discharge. I understand that if offered employment with the City of Niceville, I will be required to provide proof of eligibility to work in the United States and will be required to abide by all City of Niceville rules and regulations.

\_\_\_\_\_ **HOMELAND SECURITY:** The City, through the Department of Homeland security (DHS) verifies an employee's authorization to work in the United States through E-Verify.

\_\_\_\_\_ **BACKGROUND INVESTIGATIONS:** As part of the application process, it may be necessary for us to conduct a background investigation on you. For these reasons you will be required to provide your social security number on your application. Please be advised, that your social security number will be used solely for this purpose.

\_\_\_\_\_ **SENSITIVE POSITIONS BACKGROUND INVESTIGATIONS:** A Sensitive positions include: any position that handles money, including cash receipts; any position having access to sensitive employee or customer data; or any position in the Finance Department. For all sensitive positions, the City will conduct, not only pre-employment background checks, but also periodic background checks. These checks will include national criminal and sex offender search, state criminal check, arrest search and credit check. A third party administrator conducts the background review and provides the findings to the City. Information acquired does not automatically disqualify you from being considered.

This is also to inform you that your social security number is exempt from Florida's public records laws and will not be furnished to anyone, other than a third party background investigation company, unless properly subpoenaed by a court of law.

\_\_\_\_\_ **PHYSICAL REQUIREMENTS:** I verify that I am able to perform the physical duties of the position I am applying for. Further, I understand that this position also requires that I am, and remain, drug free; to include a drug screening test. Any illegal or unprescribed controlled substance which shows in my test results will cause my immediate disqualification for employment with the City of Niceville.

\_\_\_\_\_ **DRUG FREE WORKPLACE:** I understand and agree that the City of Niceville is a drug free workplace. The City of Niceville may conduct drug screenings for: Job applicant testing, random, routine fitness for duty testing, reasonable suspicion testing, post-accident and injury testing, follow-up testing and return to duty testing.

**Disclosure Statement:** By this document, the City of Niceville discloses to you that various reports may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. I understand that these reports will not be used for any purpose other than employment. Please sign below to signify acknowledgement of this disclosure and authorization for the City of Niceville to request copies of such reports.

Applicants needing accommodations to complete this application should contact the City Human Resources Department at 850-279-6436 ext. 1001

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Thank you for your interest in the City of Niceville. Because of the volume of applications we receive each day, we are unable to contact applicants unless they are selected for interviews.**

### FOR OFFICE USE ONLY

\_\_\_ College Transcripts

\_\_\_ Driver License

\_\_\_ DD214 (military discharge)

\_\_\_ High School Diploma/GED Certificate

\_\_\_ State Certifications

Received by \_\_\_\_\_

Date(s): \_\_\_\_\_

Incomplete \_\_\_\_\_

Position applied \_\_\_\_\_ Date sent to \_\_\_\_\_

Department \_\_\_\_\_ Department \_\_\_\_\_