

City of Oak Hill Employment Application

234 South U.S. 1

Oak Hill, Fl 32759

Last name	First	MI					For Personnel use only	Date of application
Street address						Type(s) of work desired	Social Security number	
City			State		ZIP	Home telephone	Work telephone	

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for twelve (12) months from the date of application. You may submit a new application at any time.

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 _____

Do any of your relatives work here? _____ Yes _____ No
 If yes, list name and relationship: _____

Have you ever been known by any other name? _____ Yes _____ No
 If yes, provide names: _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

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

Do you have a driver's license? (Circle One) CDL/Type _____ Restricted Operator

Driver's License Number _____ Expiration Date _____

Are you a United States citizen? _____ Yes _____ No

If not, do you possess an Alien Registration Card? _____ Yes _____ No

Have you been convicted of a felony? _____ Yes _____ No
 If yes, please explain :

Have you ever been dismissed or forced to resign from any employment? _____ Yes _____ No

If yes, please explain:

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Have you ever been disciplined or fired for insubordination? _____ Yes _____ No
If yes, please explain:

Have you ever been disciplined or fired for violating a safety rule? _____ Yes _____ No
If yes, please explain:

Have you ever been disciplined or fired for fighting, assault or similar offenses? _____ Yes _____ No
If yes, please explain:

Have you ever been sued for an intentional tort (such as fraud, assault, battery, etc.)? _____ Yes _____ No
If yes, please explain:

(Attach separate paper if necessary for any of these questions.)

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From To		
Reason for leaving			
Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From To		
Reason for leaving			

Educational History

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills

<i>To be completed by applicant for office/clerical work</i>			<i>To be completed by applicant for shop/plant work</i>	
Typing	Yes No	Words per minute:	Type of machines operated	Years experience
Dictation	Yes No	Words per minute:		
Computer skills	Hardware Software			
Please list other skills and/or equipment/language experience you have acquired			List other shop/production skills	
			Served apprenticeship	Yes Type: No



City of Oak Hill

234 South U.S. Hwy. #1
Oak Hill, Florida 32759

Phone 386-345-3522
Fax 386-345-1834

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorized a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Oak Hill, Florida, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of educational institutions, financial or credit institution, including records of loans, the records of commercial or other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation including hospital clinics, private practitioners, and the U.S. Veteran's Administration employment and pre-employment records, including background report efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other council, whether representing me or another person in any case, either civil or criminal, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Oak Hill. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this Release Form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Printed Name

Date of Birth

Street Address

Social Security Number

City, State, Zip

Drivers License Number

Telephone



City of Oak Hill

234 South U.S. Hwy. #1
Oak Hill, Florida 32759

Phone 386-345-3522
Fax 386-345-1834

Dear Applicant:

The City of Oak Hill, as an Equal Opportunity Employer, is required by Federal Law to obtain the following information on all applicants. Please complete the following information along with the Job Application and return to the Receptionist. A photocopy of your Driver's License is also required.

Date: _____ Position Applied for/Dept: _____

Name: _____ Age: _____ Sex: _____

Race (circle one):

White African American Hispanic Asian Pacific Islander
American Indian Alaskan Native

Disability Status: _____

Veterans Status: _____

Thank you for your interest in the City of Oak Hill.

Personnel Department

City of Oak Hill

*FDL*E Authority For Release of Information

(Background Investigation Waiver)

To: Concerned Person or Authorized
Representative of Any Organization
Institution of Repository of Records

Applicant's Name: _____

Date of Birth: _____

Social Security #: _____

Employing Agency Requesting Background Info: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

State of _____

County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 200____. My

Commission expires _____, 200_____. _____

Notary Public

Stamp Here

Personally Known _____ - or - Produced Identification _____

Type of Identification Produced: _____