

CITY OF TALLAHASSEE EMPLOYMENT APPLICATION

IMPORTANT NOTE: After April 17, 2009, you **must** Apply On-line at <http://www.talgov.com/hr/openings.cfm>, (or through PeopleSoft HR Self-Service for City employees.) **THIS APPLICATION FORM WILL NOT BE ACCEPTED FOR VACANCIES UNLESS SPECIFICALLY NOTED ON THE JOB POSTING ANNOUNCEMENT.**



**Equal Opportunity Employer
Equal Access Employer
Affirmative Action Employer**

Where to find Vacancy Information:

- ♦ On the Internet at [http:// www.talgov.com](http://www.talgov.com)
- ♦ City Job Line - (850) 891-8219
- ♦ WCOT, TV Channel 13
- ♦ City of Tallahassee, Human Resources Department
First Floor City Hall,
300 S. Adams Street
Tallahassee, Florida 32301

POSITION APPLIED FOR

Requisition No.: _____ Position No.: _____
 Job Title: _____
 Application Date: _____ Date Avail. to work: _____
 Are you a Current City Employee? **YES** (ID# _____) **NO**
 Are you a Former City Employee? **YES** (ID# _____) **NO**
 Have you previously submitted an application to the City of Tallahassee? **YES** **NO**
 Where did you learn of this vacancy? _____

INSTRUCTIONS

- ♦ Complete this application in its entirety. Type or print in ink.
- ♦ Specify the requisition number and position number for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- ♦ Sign your name in the Certification Section on page 2. All information submitted is subject to verification.
- ♦ Submit your application by mail to:
 DEPARTMENT OF HUMAN RESOURCES
 CITY HALL, MAIL BOX A-14
 TALLAHASSEE, FLORIDA 32301-1731
 or by FAX to: (850) 891-8988
 or hand-deliver to the HR Department location listed above.
- ♦ Applications **must** meet the following deadlines in order to be considered:
Personally delivered -- in HR by 5:00 p.m. of the published closing date;
Sent via US mail -- postmarked by published closing date. **Faxed** -- transmission receipt time by midnight of published closing date.

HOW DO WE CONTACT YOU?

Your Name _____
 Social Security Nbr (last 4-digits only)* _____ Email address _____
*The City of Tallahassee collects this information for applicant identification and verification, and will release it only if required by law.
 Your Home Address _____
 City _____ County _____ State _____ Zip Code _____
 Your Mailing Address (if different from above) _____
 Home Phone _____ Work, Business or Cell Phone (specify type) _____

CITIZENSHIP / AUTHORIZATION TO WORK

The City of Tallahassee hires only U.S. citizens 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**

EEO REPORTING DATA

The following information is not required. It is requested only for Equal Employment Opportunity record keeping, reporting, and compliance purposes as specified by Title VII of The Civil Rights Act of 1964 as amended.

SEX: Male Female

RACE: (Check one only.) White Black Hispanic Asian or Pacific Islander American Indian or Alaskan Other

SELECTIVE SERVICE REGISTRATION

If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System, or proof of exemption from such registration? **N/A** **YES** **NO**

NOTE: If "Yes" and you are selected as a finalist for this position, you will be required to show proof of registration or exemption prior to appointment.

RELATIVES IN CITY EMPLOYMENT

To your knowledge, do you have any relatives working for the City of Tallahassee? **YES** **NO**

If "Yes", Name(s): _____ Relationship(s): _____ Dept(s) where employed: _____
(Continue list on another sheet, if necessary)

DRIVER LICENSE INFORMATION

State of Issuance: _____ Driver License Number: _____ Expiration Date: _____

Driver License Type (Circle One): A B C D E Endorsement(s) (Circle if applicable): N P H X

EDUCATION - Circle Highest Grade Completed. You will be asked for more detailed information in the next section.

Grade School 1 2 3 4 5 6 7 8 **High School** 9 10 11 12 GED **College** 1 2 3 4 **Graduate School** 1 2 3 4

FOR HUMAN RESOURCES USE ONLY:

Screened by: _____ Date: _____ Eligibility: _____



YOUR NAME: _____ SS#(LAST 4-DIGITS ONLY): _____

HIGH SCHOOL

Name: _____ Location _____
 Received: Diploma Certificate of Completion GED None, highest grade completed: _____
 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)		# OF CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

Your name, if different while attending school: _____

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

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED Class Room/Clock	COURSE OF STUDY	Training Complete	
		FROM	TO			Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Your name, if different while attending training: _____

KNOWLEDGE / SKILLS/ ABILITIES (KSAs)

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

CRIMINAL HISTORY INFORMATION - A CRIMINAL HISTORY INFORMATION SCREENING WILL BE CONDUCTED ON THE TOP APPLICANT. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINAL HISTORY, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

1. Have you ever been convicted of a felony or a first-degree misdemeanor? YES NO
2. Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? YES NO

If you answered Yes to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor:

CHARGE	DATE OF DISPOSITION	COUNTY/ STATE

Continue list on another sheet, if necessary

CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me 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 provide 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 the City 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 except as noted in next section. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further understand that if I am selected to fill a safety-sensitive position, I will be required to successfully pass a pre-employment drug test prior to appointment.

SIGNATURE: _____ **DATE:** _____

Notify the hiring department directly in advance if, due to a disability, you require special accommodations to participate further in the employment process.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other covered employee* or the spouse or child of a covered employee or former employee who is exempt from public records disclosure under §119.07, Florida Statutes? **YES** **NO**

**Other covered jobs include 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; human resource, labor relations, or employee relations directors, and their spouses & children; code enforcement officers and their spouses & children. (See §119.07, F.S.)*

VETERANS' PREFERENCE CLAIM

In order to receive Veterans' Preference, documentation substantiating your claim must be furnished with this application. Check the appropriate block and attach the required documentation 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 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. The unmarried widow or widower of a veteran who died of a service-connected disability, **or**
4. A veteran awarded a qualifying Campaign or Expeditionary Medal, or who has served on active duty for one day or more during a wartime period for a war listed by Section 1.01 (14), Florida Statutes.

I am a resident of the State of Florida. Yes No

*** A DD214 or comparable document that 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. Under Florida law, preference in appointment shall be given by the City to those persons in categories 1 and 2 and then to those in categories 3 and 4. Veterans' Preference is only available to Florida residents. Refer to www.floridavets.org/benefits/veteranspref.asp for more information regarding Veteran's Preference.*

Branch of Service: _____ Date of Entry: _____ Date of Honorable Discharge: _____

An applicant eligible for Veteran's Preference who believes he or she was not afforded employment preference in accordance with Florida law may file a complaint requesting an investigation with the Department of Veterans' Affairs, P. O. Box 31003, St. Petersburg, FL 32331. A complaint must be filed within 21 calendar days from the date that the notice of hiring decision is received by the applicant or within three calendar months of the date the application is filed with the employer. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

PERIODS OF EMPLOYMENT: All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be submitted as supplemental information.

Describe your work experience in detail beginning with your PRESENT or most recent job, and describe all periods of employment and periods of unemployment if longer than six months. Be sure to provide complete information regarding each position. IMPORTANT: Indicate supervisory responsibility and number of employees supervised. For the purposes of the City, supervisory responsibility involves having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, where the exercise of such authority requires the use of independent judgment. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities.

May we contact your current employer? **YES** **NO**

May we contact your former employer(s)? **YES** **NO**

1 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** **NO** Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____



YOUR NAME: _____ SS#(LAST 4-DIGITS ONLY): _____

2 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** **NO** Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

3 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** **NO** Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

4 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** **NO** Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____



YOUR NAME: _____ SS#(LAST 4-DIGITS ONLY): _____

5 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): YES NO Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

6 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): YES NO Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

7 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): YES NO Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

8 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): YES NO Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

9 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): YES NO Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

10 Name of Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): YES NO Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

*If needed, attach additional sheet(s), using the same format as on this page.
Resumes may be attached to provide additional information regarding duties and responsibilities.*