

City of Quincy Applicants

Minimum Requirements for Employment:

- 1) Be at least 19 years of age.
- 2) Be a citizen of the United States.
- 3) Be a high school graduate or equivalent.
- 4) Not have been convicted of a felony or a misdemeanor that involved perjury or false statement.
- 5) Pass a drug screening exam.
- 6) Have good moral character as determined by a background investigation.
- 7) No more than 4 moving traffic violations within a 5 year period
- 8) Comply with continuing training or education requirements

Minimum Requirements for maintain Employment:

- 1) Complied with mandatory retraining for continuing training or education requirements.
- 2) Maintain good moral character status.
- 3) Maintain proficiency requirements as identified by the department.
- 4) Not have been convicted of a felony.

Minimum Salary Range: See job posting

Special Requirements: Must possess on operators or Class "E", State of Florida driver's license at the time of appointment.

Work Schedule: City employee work days and work schedules may vary.

Benefits: Refer to the City Benefit Summary document- furnished at time of interview



CITY OF QUINCY EMPLOYEE APPLICATION

Complete this application in its entirety. Failure to provide complete and accurate information could cause rejection of your application. Information submitted on this application is subject to verification.

PERSONAL DATA							
Last Name	First Na		Middle In			Date	
Current Address (number, street, state, zip code)			·		From		То
			<u></u>				
Previous Address (num	ber, stree	et, state, zip code)			From		То
		I Allemate Dhama Alem	ohor	E 1/10	il Address		
Home Phone Number	me Phone Number Alternate Phone Number		IIDEI	E-Mail Address			
Specify the POSITION	for which	l n vou are applying for:		Rate	of Pay Expecte	ed:	
(Note: A separate application	n must be s	submitted for each vacancy.))		•		
Have you ever worked	for the C	ity of Quincy before?	Yes	No	If yes, wh	en?	
		-		<u> </u>	<u> </u>		
What Department?			Why did	you lea	ave the City's e	mployme	ent?
			<u> </u>	····			
List any friends or relatives currently working for the City:			ity:	I		Relation	nship
Name							
				<u> </u>			
When are you available	e to work	?					
			DUCATI		No. of Yrs.	Г	
	Print	Name, Number and Str and Zip Code	reet, City,		Completed	egree	Major Course of Study
High School	State	and Zip Code					
Diploma / GED							
Diploma / OLD							
College							
Graduate							
School							
Trade, Business,							
Night or Corres.							

An Equal Opportunity / Affirmative Action Employer
Employment History

related military service assignments an	d volunteer activities. You ities, or protected status, li	ent, and limit it to the past ten years. Include any job- may exclude organizations which indicate race, color, fany periods of unemployment exist, note that as well. our application. Use additional pages if necessary.
May we contact the following employer If no, which employers should not contact	s? □ Yes □ No acted?	
1.Employer	Dates Employed Mo/Yr From To	Title or Position
Address		Work Performed
City State	Salary Starting Ending	
Phone Number		
Name of Supervisor		Reason for Leaving
2.Employer	Dates Employed Mo/Yr From To	Title or Position
Address		Work Performed
City State	Salary Starting Ending	
Phone Number		
Name of Supervisor		Reason for Leaving
3.Employer	Dates Employed Mo/Yr From To	Title or Position
Address	1,10.11	Work Performed
City State	Salary Starting Ending	
Phone Number		
Name of Supervisor		Reason for Leaving
4. Employer	Dates Employed Mo/Yr From To	Title or Position
Address	1.0	Work Performed
City State	Salary Starting Ending	
Phone Number		
Name of Supervisor		Reason for Leaving

OFFICE SKILLS (please indicate areas	of competency) T	RADE SKILLS (che	ck all that apply)		1
□ Calculator □ Filing		□ Automotive Mechanic □ Electrician			
□ Typingwpm		Custodial Work	☐ Grounds ke	eping	
□ Computer Literate □Yes □ No		Heavy Equipment (
Software Applications Used:	U	Omei			
	OB TASK ANALYSIS	SINFORMATION			
Are you able to perform the essential func			□ Yes		No
If no, would you be able to perform these	tasks with or without a	ccommodation(s)?	□ Yes		No
If no, explain how you would perform thes	e tasks with what acco	ommodation(s):			
		SI UD			
	CITIZENS		7.11	□ Yes	□ No
Are you a citizen of the United States? If no, do you possess an I-151 Card and	H I-551 Cards or an I-	94 Card stamped "	Employment	n Yes	□ No
Authorized?					ПИО
Authorizon (OTHER INFO	RMATION	1997		
A. Criminal Record	_			□ Yes	□ No
Have you ever been convicted of a Felon	y? A conviction will not nec	essarily disquality you tro	от етрюутеп:		L
If yes, give dates and explain (attach sepa	arate paper ii necessa	u y <i>)</i>			
					T .
B. Driver's License					
Do you possess a valid Driver's License?			□ Yes	□ No	
Please Specify State:(FL, GA, AL)					
Please Specify State: (FL, GA, AL) C. Professional Certification Record - License, Registrations and Certification Numbers.					
D. Professional References - Please lis	t former cupervisors	and/or associates wh	no are acquainted w	ith vour	
professional qualifications.	st tottlet aupervisors e				
Name		A	ddress & Telephon	e	
					<u></u>
	ar comparable door	iment which corve	s as a certificate of	release o	r
VETERAN'S PREFERENCE: A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application.					
Do you claim veteran's preference?	□ Yes □ No If yes	s, please complete	the following:		
Branch of Service	Date of	Entry	Date of I	Discharge	

CERTIFICATION

I understand that any omissions, falsifications, misstatements or misrepresentations 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 and fitness for employment by employers, schools, law enforcement agencies, and individuals. I certify that, to the best of my knowledge and belief, all the statements contained herein are true, correct and made in good faith.

In compliance with the City of Quincy's Alcohol/Drug Policy, all applicants being recommended or offered initial employment are subject to a post-employment blood and/or urinalysis screening. Any applicant who tampers with or refuses the drug/alcohol test will be considered to have withdrawn his/her application for the position for which he/she applied. An applicant who receives a positive confirmed test result will not be eligible for hire by the City of Quincy for a period of six months from the date the positive drug test was administered. I further understand and agree that my employment will be contingent upon the results.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will", which means the City may discharge me at any time with or without cause and that this "at will" relationship may be changed unless authorized in writing by the City of Quincy.

The City of Quincy does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status or disability in employment or provision of services.

CDEDIT	CHECKIEN	CKCBUIND	SEARCH	AUTHORIZATION
CREDII	CHECKIBA	しんじんひひいひ	SEARCH	MOTHONIZMITOR

I. , authorize the City of Quincy to conduct a personal	
credit/background/worker's comp/criminal and driving history check. I understand the information will be used	strictly for
the purposes of prospective job placement with the City.	

SOCIAL SECURITY NUMBER - COLLECTION & DISSEMINATION

It is the City's practice to collect your Social Security Numbers at the time of hire for the following purposes:

- Identification and Verification;
- Credit Worthiness;
- Data Collection;
- Tracking Benefit Processing; and
- Tax Reporting.

Social Security Numbers are also used as a unique numeric identifier and may be used to conduct searches, where appropriate, and in all circumstances with the person's permission, written or otherwise.

Pursuant to Section 119.071(5), Florida Statutes (2007), the City of Quincy hereby certifies that it is in compliance with the collection and reporting of Social Security Number requirements specified in Section 119.071(5)(a) 1 – 4, Florida Statutes 2007).

Y	
Signature	Date

City of Quincy 404 West Jefferson Street Quincy, FL 32351 (850) 618-0030, ext. 6680



CITY OF QUINCY 404 WEST JEFFERSON STREET QUINCY, FL 32351

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

DATE:					
The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our Equal Employment Opportunity / Affirmative Action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring process. Please note that the survey is anonymous, you are not required to provide your name or any other information which would specifically identify you. Your application will not be rejected because of your race, color, sex, religion, creed, handicap, national origin, political beliefs or age, except as provided by law. Your cooperation will be greatly appreciated.					
Ethnic Background (Please check appro	priate line)				
HISPANIC					
ASIAN OR PACIFIC ISLANDER					
AFRICAN AMERICAN (not Hispanic o	rigin)				
AT THOSH WILLIAMS IN CHIEF HOPELING	,				
CAUCASIAN (not Hispanic origin)	CAUCASIAN (not Hispanic origin)				
 AMERICAN INDIAN / ALASKAN NAT	IVE				
AMERICAN INDIAN / ALASKAN NAT					
OTHER:					
Birth Date: Gende	er: ☐ Male ☐ Female				
	Iviale				
☐ yes ☐ no Will you be able to perform the duties of the job for which you have applied in a manner safe to you and other employees?					
☐ Please check if you are a military veteran.					
De farme dileve					
Referred by					
☐ Florida State Employment Office ☐	City of Quincy Internet				
□ Newspaper □	Verbal				
☐ Florida League of Cities ☐	Other				

This form will not be filed with your employment application.