



City of Madison
Employment Application
 Equal Opportunity Employer
 Drug Free Workspace

For official use only	Status:	
Screened by:	Date:	Eligibility: Y / N
Veterans' Preference:		

The City of Madison does not tolerate violence in the workplace.

Note: Type or print in ink this application in its entirety. A separate application must be submitted for each vacancy. Photocopies are acceptable. Submit your application to the office at City Hall no later than the close of business on the announced deadline date. Sign your name in the Certification Section (page 2). All information you submit is subject to varification.

POSITION APPLIED FOR

Department:	Title:
Position Number:	Date available:
<i>Please include copies of all certifications and licenses required to perform job, such as ,CDL, D.L. , etc.</i>	

HOW DO WE CONTACT YOU?

Your name:			
Social Security Number:			
Your residential and mailing address:			
City:	County:	State:	Zip Code:
Home Phone:		Business Phone:	

EDUCATION HIGH SCHOOL

Name / Location of School:	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Other: _____ <input type="checkbox"/> GED <input type="checkbox"/> None
Your name, if different while attending school:	

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL (Transcripts may be required)

Name of school	Location	Dates Attended Month - Year	Credit Hours	Major / Minor Course of Study	Type of Degree Earned

JOB RELATED TRAINING OR COURSE WORK (vocational, trade, governmental, business, armed forces, etc.)

Name of school	Location	Dates Attended Month - Year	Credit Hours	Course of Study	Training Completed? Yes / No

Your name, if different while attending school:

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.

License, Registration, or Certification	Number	Date Received	Expiration Date	State Licensing Agency

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

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

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07, F.S.?

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 [see §119.07, F.S.].

BACKGROUND INFORMATION

A criminal history information screening will be conducted on the selected 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.

HAVE YOU EVER BEEN ARRESTED? YES NO

If "YES", what charges? _____

Where arrested? _____ Date of arrest: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where convicted? _____ Date of conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

The City of Madison 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

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF MADISON? YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION

WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? YES NO N/A

Please attach resume, copy of driver's license, and other licenses and certifications required for the job you are applying for. If more space is needed within any section of this application, attach additional sheet (s).

PERIODS OF EMPLOYMENT Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gaps in employment. If needed, attach additional sheets using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

Name of Present or Last Employer:

Address:

Phone: ()

Your Job Title:

Supervisor's Name:

From:

To:

Hours per Week:

Salary:

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer:

Address:

Phone: ()

Your Job Title:

Supervisor's Name:

From:

To:

Hours per Week:

Salary:

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer:

Address:

Phone: ()

Your Job Title:

Supervisor's Name:

From:

To:

Hours per Week:

Salary:

Duties and Responsibilities:

Reason for Leaving:

CERTIFICATION I am aware that any omissions, falsifications, misstatements, or misrepresentations above 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, 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 of Madison 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 exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____

DATE: _____

VETERANS' PREFERENCE INFORMATION

In order to receive Veterans' Preference, documentation substantiating your claim must be furnished with this application. Check the appropriate blocks and attach the required documentation if you are claiming Veterans' Preference.

Your name: _____

Position title for which you are applying: _____ Position Number: _____

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

- 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. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

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

Have you claimed Veterans' Preference and entered into covered employment by a covered employer? Yes No
A DD214 or comparable document which 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. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents. If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

If eligible, which Veterans' Preference category above are you claiming?: _____

Have you ever been employed by any governmental entity within the State of Florida? _____

Are you a resident of the State of Florida? _____

EEO SURVEY

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 Date of Birth: _____

Race (check only one): White (Non-Hispanic) Black (Non-Hispanic) Hispanic

Asian or Pacific Islander Native American Other (Specify) _____



CITY OF MADISON

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**CITY OF MADISON
STATEMENT ON THE COLLECTION OF SOCIAL SECURITY NUMBERS
UNDER SECTION 119.071(5) FLORIDA STATUTES (2007)**

THE CITY OF MADISON COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, TRACKING, BENEFIT PROCESSING, AND TAX REPORTING. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.