



# City of Marathon

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation or any other legally protected status

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(Please Print)

POSITION(S) APPLIED FOR	DATE
HOW DID YOU LEARN ABOUT US?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency _____	
NAME _____	
Last	First
Middle	
PRESENT ADDRESS	
Street, City, State _____	Zip Code _____
TELEPHONE NUMBERS	
(Cell) _____	(Work) _____
(Home) _____	
E-MAIL ADDRESS _____	
If you are under 18 years of age, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed an application with us before? If yes, when? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by us before? If yes, when? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
On what date would you be available for work? _____	
Are you available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work	
Will you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Proof of citizenship or immigration status will be required upon employment)	
Since your 18th birthday, have you been <b>convicted</b> of <b>any</b> violation of the law, other than minor traffic violations, or pleaded nolo contest to criminal charges, even if adjudication was withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the following information:	
Name of Offense _____	
Name and Location of court _____	
Deposition of Case _____	
<b>NOTE:</b> A conviction does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, relationship to this job, etc. are given consideration.	

**City of Marathon**

9805 Overseas Highway  
Marathon, FL 33050

<b>EDUCATION</b>		<b>COURSE OF STUDY</b>	<b>YEARS COMPLETED</b>	<b>DID YOU RECEIVE A DEGREE</b> <small>(state degree/major)</small>
High School	Name _____ City _____ State _____			
Undergraduate College/University	Name _____ City _____ State _____			
Undergraduate College/University	Name _____ City _____ State _____			

**Veterans Preference**

Do you intend to claim Veterans preference pursuant to Chapter 295 of Florida Statutes?  Yes  No

If you answered yes to the above question, you must provide a copy of a DD-214 and/or proof of receipt of disability benefits dated within six months of the date of application.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

List professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex,race,religion,national origin,age,color,disability or other protected status):

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Please list any special job related skills and qualifications acquired from employment or other experience that may qualify you to work with our City.

\_\_\_\_\_

\_\_\_\_\_

**DRIVERS LICENSE INFORMATION:**

Do you have a valid license:  Yes  No  
 License Type  Operator  CDL  Class

Endorsement Code \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, disabilities or other protected status.

**1.** Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Summarize the nature of the work you performed and the job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact for reference check?  Yes  No

**2.** Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Summarize the nature of the work you performed and the job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact for reference check?  Yes  No

**3.** Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Summarize the nature of the work you performed and the job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact for reference check?  Yes  No

Please explain any gaps in your employment.  
If you need additional space, please continue on a separate sheet of paper.

REFERENCES

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
May we contact your reference?  YES  NO  LATER

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
May we contact your reference?  YES  NO  LATER

**Authorization and Acknowledgment**  
**PLEASE READ BEFORE SIGNING THIS STATEMENT**

I certify that the information I have provided in this application is true and complete to the best of my knowledge and understanding. I have answered each question completely, including information which you may consider unfavorable. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also authorize the City to contact the references and employers listed above to obtain any information concerning my previous employment personal or otherwise, and release the City from all liability for any damage that may result from utilization of such information.

Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath, as per Florida Statue, Section 876.05 and, (3) subsequent to an offer of Employment, pass a medical examination by a City physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate **will not** be given further consideration under the present announcement for this classification. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City of Marathon, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

I also understand and agree that no representative of the City has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized City representative.

I understand that, if hired, my employment is at-will, and can be terminated by the City or me at any time, with or without cause, and without prior notice. I further understand and agree that this application is not intended to be nor does it give rise to a contract for employment, or in the event of employment, a contract for continued employment.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION/FOR HUMAN RESOURCES USE ONLY**

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AFFIRMATIVE ACTION FORM

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Name \_\_\_\_\_ Department \_\_\_\_\_

Sex:  Male  Female

## Race/Ethnicity:

**American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American"

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.

**Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, and of the White race.

**Hispanic or Latino (All other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, and of any race other than White.

**Race missing or unknown** - Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

**Veteran**

Please identify where you learned about an employment opportunity with this organization.

- Newspaper  Employee Referral  Recruiter  Tech School/College Placement  
 Temporary Service  State Employment Service  Other