



Dear Applicant:

Thank you for your interest in seeking employment with the City of Freeport. The city of Freeport is an Equal Opportunity Employer and a Drug Free Workplace.

All information contained in this application is public information subject to disclosure under the provisions of Florida Statutes, Section 119.07, except as may be specifically excluded by this statute. A copy of Florida Statutes, Section 231.291, which governs personnel files of employees, is available to each employee upon request.

The City of Freeport complies with anti-nepotism laws related to Florida Statutes, Section 112.3135 regarding restriction on employment of relatives. A copy of the statute has been provided in this application package.

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin or disability. Employment of personnel in the City of Freeport is in compliance with Federal and State Laws regarding nondiscrimination and preference. Individuals with disabilities are encouraged to apply. Any person who believes he/she may need reasonable accommodations during the application, testing, or interview process should notify the Human Resource office at 850/835-2822.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

ACKNOWLEDGEMENT

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered cause for immediate dismissal. In making this application for employment, I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made

I UNDERSTAND THAT, IF THE CITY EMPLOYS ME, EITHER THE CITY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. *I also understand that no official of the City other than the Mayor, City Manager and City Council have any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.*

Signature of Applicant

Date

It is very important to completely fill out this application. Incomplete applications will not be considered for the position being applied for.

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER



City of Freeport, Florida Job Application

City of Freeport

112 State Highway 20 West, Freeport, Florida 32439
850-835-2822

The City of Freeport is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact Human Resources at 850-835-2822.

Please fill out all the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____
Date of Application: _____

Employment Position

Position(s) applying for: _____ (Full Time) (Part Time)

How did you hear about this position? _____

On What date can you start working if you are hired? _____

Compensation desired: \$ _____

Do you have reliable transportation to and from work? Yes No

Personal Information

Have you ever applied to or worked for the City of Freeport before? Yes No
If yes, when? _____

Do you have any friends, relatives, or acquaintances working for the City of Freeport? Yes No
If yes, state name and relationship: _____

Are you 18 Years of age or older? Yes No
 Are you authorized to work in the United State? Yes No
 What document can you provide as proof of legal status?

Will you consent to a mandatory controlled substance test? Yes No
 Do you have any conditions which would require job accommodation? Yes No
 If yes, please describe accommodation required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
 Will you consent to a mandatory background investigation? Yes No
 If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: The City of Freeport complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City/State)	Year Graduated	Degree Earned

College/University

Name	Location (City/State)	Year Graduated	Degree Earned

Vocational School/Specialized Training/Additional College/University

Name	Location (City/State)	Year Graduated	Degree Earned

Military

Are you a veteran or current member of the Armed Services? Yes No

Which branch of the military did you serve? _____

What was your military rank/grade when discharged? _____

What was your service characterization when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Are you Claiming Veterans Preference: Yes No

If yes, check all that apply:

5-Point Preference Qualifications – Eligible veterans include veterans who served:

- ___ During a war; or
- ___ During the period April 28, 1952, through July 1, 1955; or
- ___ For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976: or
- ___ During the Gulf War from August 2, 1990, through January 2, 1992; or
- ___ For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom: or
- ___ In a campaign or expedition for which a campaign medal has been authorized. Any Armed Forces Expeditionary medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, and Haiti, qualifies for preference.

10-Point Preference Qualifications – Eligible veterans include veterans who served:

- ____A veteran who served at any time and (1) has a present service-connected disability or (2) is receiving compensation, disability retirement benefits, or pension from the military or the Department of Veterans Affairs; or (3) a veteran who received a Purple Heart.
- ____An unmarried spouse of certain deceased veterans, a spouse of a veteran unable to work because of a service-connected disability, and
- ____A mother of a veteran who died in service or who is permanently and totally disabled.

Previous Employment - 15 Years (continuation sheet at end of application)

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Date Employed: _____
 Reason for Leaving: _____

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Date Employed: _____
 Reason for Leaving: _____

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Date Employed: _____
 Reason for Leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the City of Freeport is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the City of Freeport. No representative of the City of Freeport has authority to enter into an agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for written statement signed by you and either the Mayor, City Manager or City Council.

Applicant Signature: _____ Dated: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Date Employed: _____
Reason for Leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Date Employed: _____
Reason for Leaving: _____

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City, State and Zip Code: _____
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Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Date Employed: _____
Reason for Leaving: _____

112.3135 Restriction on employment of relatives

(1) In this section, unless the context otherwise requires:

(a) “Agency” means:

1. A state agency, except an institution under the jurisdiction of the Board of Governors of the State University System;
2. An office, agency, or other establishment in the legislative branch;
3. An office, agency, or other establishment in the judicial branch;
4. A county;
5. A city; and
6. Any other political subdivision of the state, except a district school board or community college district.

(b) “Collegial body” means a governmental entity marked by power or authority vested equally in each of a number of colleagues.

(c) “Public official” means an officer, including a member of the Legislature, the Governor, and a member of the Cabinet, or an employee of an agency in whom is vested the authority by law, rule, or regulation, or to whom the authority has been delegated, to appoint, employ, promote, or advance individuals or to recommend individuals for appointment, employment, promotion, or advancement in connection with employment in an agency, including the authority as a member of a collegial body to vote on the appointment, employment, promotion, or advancement of individuals.

(d) “Relative,” for purposes of this section only, with respect to a public official, means an individual who is related to the public official as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister.

(2)(a) A public official may not appoint, employ, promote, or advance, or advocate for appointment, employment, promotion, or advancement, in or to a position in the agency in which the official is serving or over which the official exercises jurisdiction or control any individual who is a relative of the public official. An individual may not be appointed, employed, promoted, or advanced in or to a position in an agency if such appointment, employment, promotion, or advancement has been advocated by a public official, serving in or exercising jurisdiction or control over the agency, who is a relative of the individual or if such appointment, employment, promotion, or advancement is made by a collegial body of which a relative of the individual is a member. However, this subsection shall not apply to appointments to boards other than those with land-planning or zoning responsibilities in those municipalities with less than 35,000 population. This subsection does not apply to persons serving in a volunteer capacity who provide emergency medical, firefighting, or police services. Such persons may receive, without losing their volunteer status, reimbursements for the costs of any training they get relating to the provision of volunteer emergency medical, firefighting, or police services and payment for any incidental expenses relating to those services that they provide.