



City of Williston

# EMPLOYMENT APPLICATION

Equal Opportunity Employer

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

Submit to Human Resources  
by mail at PO Drawer 160, Williston, Florida 32696  
or in person at 50 NW Main Street, Williston, Florida

FOR OFFICIAL USE ONLY			
	/ /		
Agency Authorized Signature	Date	Broadband/Class Code	Status

POSITION APPLIED FOR
Department: _____
Title: _____
Date Available: _____
Minimum Acceptable Salary: _____

**GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:**

- Complete all information within this application in its entirety.
- Type or print in ink.
- All information provided will be a public record and will be released upon request, unless exempt or confidential.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Submit application no later than 11:59 PM (EST) on the announced deadline date.
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

**HOW DO WE CONTACT YOU?**

\_\_\_\_\_

Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City County State Zip Code

\_\_\_\_\_

Phone Alternate Phone

\_\_\_\_\_

E-mail Address

## EDUCATION

**HIGH SCHOOL:**

NAME / LOCATION OF SCHOOL \_\_\_\_\_ RECEIVED:  Diploma  Other (specify) \_\_\_\_\_  None

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)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: Teacher Certification, RN, LPN, PE, CPA, etc.)**

**LICENSE, REGISTRATION OR CERTIFICATION:**

	Number	Date Received	Expiration Date	State Licensing Agency

# PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap 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.

**1** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**2** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**3** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**4** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**5** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**6** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

## 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.

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## EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE\*\*, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)?

YES  NO

\*\*Other covered jobs include but are not limited to: 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 § 119.071, F.S.].

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## BACKGROUND INFORMATION

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 [see § 112.011, F.S.]

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## CITIZENSHIP

The City of Williston hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN?

YES  NO

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING?

YES  NO

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## RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?

YES  NO

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## 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, human resources staff, and other authorized employees of City of Williston municipal 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. 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: \_\_\_\_\_

## APPLICATION FOR VETERANS' EMPLOYMENT PREFERENCE

**\*\*Complete ONLY if you are claiming Veterans' Preference\*\***

(Available only to Florida residents)

Applicant Full Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**Check the appropriate below box 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 ("DVA") and the Department of Defense ("DoD").
  - Provide copy of DD-214 or equivalent from the DVA showing military status, dates of service, discharge type; and copy of document from the DoD, DVA or Florida Department of Veterans' Affairs ("VA") certifying the veteran has a compensable service connected disability.
  
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained in line of duty by a foreign power.
  - Spouses of disabled veterans must provide copy of spouse's DD-214 or equivalent from the DVA showing military status, dates of service, discharge type; copy of document from the DoD or DVA certifying the veteran is totally and permanently disabled or an identification card issued by the VA; copy of marriage certificate; and proof that the veteran cannot qualify for employment because of the service-connected disability.
  - Spouses of persons on active duty must provide a document from the DoD or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty or forcibly detained by a foreign power and copy of marriage certificate.
  
- 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 a veteran who has served in a campaign or expedition for which a qualifying badge or expeditionary medal has been authorized. Wartime periods are defined in Section 1.01, Florida Statutes.
  - Provide copy of DD-214 or equivalent from the DVA showing military status, dates of service, discharge type.
  
- 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
  - Spouse must provide a document from the DoD or the DVA certifying the service-connected death of the veteran; copy of marriage certificate; and a statement that spouse is not re-married.

Supporting documents must be furnished to the City's Human Resource office by the "Closing Date" indicated on the position posting/advertisement.

If any applicant claiming Veterans' Preference for a vacant position is not selected for the position, he/she may file a complaint with the Department of Veterans' Affairs, by email at [VeteransPreference@fdva.state.fl.us](mailto:VeteransPreference@fdva.state.fl.us) or by mail to FL Dept of Veterans Affairs, 11351 Ulmerton Road, Suite 311, Largo, FL 33778-1630. A complaint shall be filed within 21 days from the date that notice of the hiring decision is received by the applicant or within 3 calendar months of the date the application was received by the City, if no notice is given.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_  
(If different from applicant)

**FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the City of Williston and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the City of Williston or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date