



City of Marco Island

ATTN: HUMAN RESOURCES
 50 BALD EAGLE DRIVE
 MARCO ISLAND FLORIDA 34145
 (239) 389-5000 FAX (239) 389-4359
 www.cityofmarcoisland.com

FOR HR USE ONLY
POSTED
APPLICATION#

*An Equal Opportunity Employer
 Drug Free Workplace*

(Please print clearly IN INK and complete ENTIRE application)

TODAY'S DATE:			
NAME			Telephone Numbers
(Last)	(First)	(Middle)	Days: _____ Eves: _____ Home: _____ Email: _____
HOME ADDRESS			Driver's License Information
			Do You Possess a Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY	STATE	ZIP CODE	Issued By (State) _____
			Chauffeur <input type="checkbox"/> Class "D" <input type="checkbox"/>
Do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Employees are required to provide proof of identity and employment authorization).			
Have you ever been convicted of any offense against the law or received a traffic citation, including speeding? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____			
Note: An affirmative answer to the above question does not automatically mean you will not be employed. Provide all the facts so that an informed decision may be made. Any intentional omission or falsification of answers either verbally or in writing may result in no consideration or termination of employment.			
Will you accept shift work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Position You Are Applying For			FOR VETERAN'S SERVICES USE ONLY
1. _____			
2. _____			
3. _____			

Revised EPH/EFH

EDUCATION

ENTER HIGHEST GRADE COMPLETED

HIGH SCHOOL

COLLEGE

GRADUATE

HIGH SCHOOL	NAME	LOCATION	If you did not graduate from high school, have you passed the GED test? Yes <input type="checkbox"/> No <input type="checkbox"/>	
COLLEGE	NAME	LOCATION	MAJOR	DEGREE
GRADUATE SCHOOL	NAME	LOCATION	MAJOR	DEGREE
VOCATIONAL SCHOOL	NAME	LOCATION	MAJOR	DEGREE
OTHER TRAINING	NAME	LOCATION	MAJOR	DEGREE

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, complete remainder of this section.

What branch of the U.S. Armed Forces were you in? _____

Dates of duty: From _____ To _____ Rank at Discharge: _____
Month Day Year Month Day Year

Reason for discharge:

List duties in the service:

Did you receive any training? Yes No If yes, what type of training did you receive? _____

Have you previously been employed through veteran's preference? Yes No

If no, do you wish to claim veteran's preference at this time? Yes No If you are claiming veteran's preference, please attach your DD214.

SPECIAL SKILLS AND OTHER QUALIFICATIONS

Typing Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ <small>(words per minute)</small>	Shorthand/ Speedwriting Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ <small>(words per minute)</small>	Dictation/ Transcription Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Skills:
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Please check any machinery or heavy equipment that you have experience in operating.

<input type="checkbox"/> Bush Hog <input type="checkbox"/> Dozer <input type="checkbox"/> Dragline <input type="checkbox"/> Front End Loader <input type="checkbox"/> Track Hoe	<input type="checkbox"/> Grader <input type="checkbox"/> Hydroscopic <input type="checkbox"/> Low Boy Trailer <input type="checkbox"/> Roller	<input type="checkbox"/> Back Hoe <input type="checkbox"/> Tractor/Mower <input type="checkbox"/> Utility Cart <input type="checkbox"/> Other: _____ _____
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Special certifications or licenses, memberships in professional organizations or societies. List scholarships, fellowships, honors, etc. (You may omit any organizations or activities that would divulge race, age, ethnic origin or religious affiliations).

PRESENT AND PRIOR EMPLOYMENT

List below all present and past employment, beginning with your most recent. IT IS VERY IMPORTANT THAT ALL SPACES FOR EACH POSITION HELD ARE COMPLETED. A resume may be used to supplement, but WILL NOT substitute for employment information required below.

I	Name and Address of Company And Type of Business	From	Job Title:	Starting Salary	Last Salary	
		Mo/Yr	Describe the work you did:			
		To		Name of Supervisor		
		Mo/Yr				
	Telephone					
	Reason for Leaving					

II	Name and Address of Company And Type of Business	From	Job Title:	Starting Salary	Last Salary	
		Mo/Yr	Describe the work you did:			
		To		Name of Supervisor		
		Mo/Yr				
	Telephone					
	Reason for Leaving					

III	Name and Address of Company And Type of Business	From	Job Title:	Starting Salary	Last Salary	
		Mo/Yr	Describe the work you did:			
		To		Name of Supervisor		
		Mo/Yr				
	Telephone					
	Reason for Leaving					

IV	Name and Address of Company And Type of Business	From	Job Title:	Starting Salary	Last Salary	
		Mo/Yr	Describe the work you did:			
		To		Name of Supervisor		
		Mo/Yr				
	Telephone					
	Reason for Leaving					

IMPORTANT - PLEASE EXPLAIN ANY GAPS OF SIX MONTHS OR MORE DURING YOUR EDUCATION AND EMPLOYMENT HISTORY. (If you need additional space, you may continue on a separate sheet of paper.)

May we contact your present employer if you are under serious consideration? Yes No
 Do you wish to be contacted beforehand? Yes No

PERSONAL REFERENCES
(EXCLUDING former Employers and Relatives)

Name and Occupation	Address	Daytime Phone
1.		
2.		
3.		

Occasionally the form of an application makes it difficult for an individual to adequately summarize his/her complete background. **TO ASSIST US IN DETERMINING IF YOU MEET THE QUALIFICATIONS OF POSITION(S) FOR WHICH YOU ARE APPLYING WITH THE CITY OF MARCO ISLAND** use the space below to summarize any additional information that would be helpful to us in considering your application.

Thank you for completing this application form and for your interest in employment with us.

Please Read Carefully

AGREEMENTS:

I UNDERSTAND and agree that, except as specifically prohibited by state law or City ordinance or regulation, all City policies and procedures may be modified, amended, or deleted by the City at its option; that the policies and procedures do not create any property rights in employment; and that employment may be terminated by either the employee or the City at any time with or without cause.

I CERTIFY that all information given on this employment application, related employment papers and all interviews is true and correct. I understand that the City may make a thorough investigation of my character, reputation, past employment and medical history. I authorize the giving and receiving of any such information requested by the City (including financial and credit records)* and hereby relieve and release all former employers and their agents of any liability for any information they may give to the City. I hereby waive any rights or claims I may have whether presently fully developed or not against the City of Marco Island or its agents or employees arising out of or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the City's handling, processing, investigation, etc. of my application for employment with the City.

I AGREE that if I am employed by the City of Marco Island a future potential employer May contact the City or its representatives concerning my work and my work performance at the City. I hereby consent to and authorize persons employed by the City to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employer of mine with respect to my work record and/or performance of my job at the City of Marco Island. I understand that all information provided herein is public record and is subject to review upon request.

I UNDERSTAND that all employees who do not have a written employment contract are employed at the will of the City and that all offers of employment are contingent upon successful completion of all background investigations which may include, but are not limited to employer and non-employer references and drug, alcohol, and physical examinations.

*NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

Signature _____ Date _____