



# CITY OF PARKER

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

All sections of this application must be completed. Please print in ink.  
Resumes may be attached, but not in lieu of completing this application.

NAME (Print): \_\_\_\_\_

ADDRESS: (Include Street, City, State and Zip Code) \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

EMERGENCY CONTACT: (Include Name, Relationship and Phone Number) \_\_\_\_\_

When will you be available to work? \_\_\_\_\_

**CERTIFICATIONS/LICENSES/SPECIAL SKILLS:** List any licenses and certifications you currently possess or have applied for. List any other special skills, if applicable. Attach documentation.

**EDUCATION:** Please list ALL institutions attended.

Schools	Graduate	Name & Address of School	Dates Attended	Semester/ Quarter Hrs	Major/ Minor	Degree
High School or G.E.D.	Yes					
	No					
Junior College	Yes					
	No					
College	Yes					
	No					
Other: Specify	Yes					
	No					

## EXPERIENCE

List employment with the last four (4) employers. Begin with your most recent position and work back. Explain any gaps in employment. If needed, attach additional sheets using the same format.

1. Name of most recent employer:

From:

To:

Address:

Telephone Number:

Your job title:

Supervisor's Name:

Title:

May we contact present employer? \_\_\_\_\_ Yes \_\_\_\_ No (If no, please explain)

Duties and Responsibilities:

2. Name of previous employer:

From:

To:

Address:

Telephone Number:

Your job title:

Supervisor's Name:

Title:

May we contact present employer? \_\_\_\_\_ Yes \_\_\_\_ No (If no, please explain)

Duties and Responsibilities:

3. Name of previous employer:											
From:	To:										
Address:											
Telephone Number:											
Your job title:											
Supervisor's Name:	Title:										
May we contact present employer? _____ Yes _____ No (If no, please explain)											
Duties and Responsibilities:											
4. Name of previous employer:											
From:	To:										
Address:											
Telephone Number:											
Your job title:											
Supervisor's Name:	Title:										
May we contact present employer? _____ Yes _____ No (If no, please explain)											
Duties and Responsibilities:											
<div>REFERENCES</div> <div>List four (4) individuals (not relatives) who are willing to serve as a professional or personal reference for you. Please include name, title, organization, and current phone number for each.</div> <table><thead><tr><th>NAME OF REFERENCE</th><th>PHONE NUMBER OF REFERENCE</th></tr></thead><tbody><tr><td>1.</td><td></td></tr><tr><td>2.</td><td></td></tr><tr><td>3.</td><td></td></tr><tr><td>4.</td><td></td></tr></tbody></table>		NAME OF REFERENCE	PHONE NUMBER OF REFERENCE	1.		2.		3.		4.	
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1.											
2.											
3.											
4.											

## MISCELLANEOUS INFORMATION

YES

NO

Have you ever been convicted of a felony or have you ever pled guilty or "no contest" (nolo contendere), or had adjudication of guilt withheld for a felony ?		
<p>If yes, give dates and places and explain or describe. (Attach a separate sheet).</p> <p>Note: A conviction will not necessarily disqualify you from employment. Factors such as the seriousness and nature of the offense, age at the time of the offense, and rehabilitation will also be taken into account.</p>		
Have you ever been terminated or asked to resign from any job? If yes, please explain.		
Do you have any relative(s) employed with the City of Parker? If yes, give name(s).		
Do you have a valid driver's license? If yes, give state, driver's license number and class A, B, E, etc.		
State: License Number:		
Are you a U.S. Citizen, or do you have proof of employment authorization from the Immigration and Naturalization Service?		
Have you served in the Armed Forces?		
Branch:		
Date of Discharge: (Please provide a copy of DD-214)		
Describe Duties:		
Are you a member of the Active Guard or reserve?		
Do you wish to claim veteran's preference?		
Are you eligible to be bonded?		

## APPLICANTS STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that the City reserves the right to require me to submit to a medical examination, including drug/alcohol testing, prior to employment and at any time during employment to the extent permitted by law.

I understand that the City may investigate my driving and criminal record. I give the City the right to investigate all references and to secure additional information about me, if job related. I hereby release the City and its representatives from liability for seeking such information, and release all other persons, corporations, or organizations for furnishing such information.

I understand the City has a nepotism policy as defined in Florida Statute which disallows employment of related persons. I understand that I may not be considered for employment if I have any relatives, to which this applies, employed with the city.

I understand that, should I be employed, such employment will be on a probationary period of six (or twelve if Police Officer) months from the first date of employment.

I understand that any employment with the City is of an "at will" nature, which means that I may resign at any time, and the City may discharge me at any time without cause. This relationship may be modified by provisions contained in an employment contract.

I agree to abide by all rules and policies established by the City Council. I understand that the City maintains a drug free environment and that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or any other controlled substance while on duty will result in disciplinary action up to and including termination of employment.

I hereby state that all the information that I provide on this application, my personal resume, transcripts, or other application materials, and in any interview is true and accurate. I understand that if I am employed and any such information is later found to have been omitted, falsified, or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

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Signature of Applicant

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Date Signed

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Print Name

The City of Parker is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, marital status, national origin, age, disability or citizenship.

## **SOCIAL SECURITY DISCLOSURE STATEMENT**

The Florida Legislature and the City Council of the City of Parker, Florida ("City") recognize that a social security number can be used as a tool to perpetrate fraud against an individual to acquire sensitive personal, financial, medical, and familial information, the release of which could cause great financial or personal harm to the individual.

Pursuant to Section 119.071(5), Florida Statutes (2007), a local government may not use a social security number for any purpose other than the purposes provided in this statement. The City collects your social security number for one or more of the following purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection; reconciliation, tracking, benefiting processing, tax reporting, and criminal background checks for certain classes of employees. Social security numbers are also used as a unique identifier and may be used for search purposes.

Except for the matters deemed exempt under Section 119.071, Florida Statutes (2007), social security numbers are confidential and are exempt from Section 119.071(1), Florida Statutes (2007), and Section 24(a), Article I of the State Constitution. Also, in the case of employees, in accordance with Florida law, the City may disclose an employee's social security number to another agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities. In addition, the City may not deny a commercial entity engaged in the performance of a commercial activity access to social security numbers, provided the social security numbers will be used only in the performance of a commercial activity and provided the commercial entity makes a written request for the social security numbers.

### **ACKNOWLEDGEMENT**

I certify that I have read the above statement regarding the limitations on disclosure of my social security number. I understand that my social security number is confidential and will not be disclosed by the City except as otherwise provided by law.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_