



Mail To:
 City of Port St. Joe
 City Clerk's Office
 P.O. Box 278
 Port St. Joe, Florida 32457
Phone: (850) 229-8261

Hand Deliver/FedEx To:
 City of Port St. Joe
 City Clerk's Office
 305 Cecil G. Costin Sr. Blvd.
 Port St. Joe, Florida 32456
Fax: (850) 227-7522

Email To:
 City of Port St. Joe
 City Clerk's Office
Email: hr@psj.fl.gov

Please complete each item in the following application in legible handwriting, printing, or type. Black ink is preferred. To be considered for employment the **application must be completed in its entirety.** Please list **only one position per application.**

PERSONAL DATA	<hr/> <div style="display: flex; justify-content: space-between;"> Last Name First Name M.I. Last 4 of Social Security No. Date of Application </div> <hr/>				
	<hr/> Present Address (Street, City, State, Zip Code) <hr/>				
	<hr/> Telephone No. (Work, Other)		<hr/> (Home)		<hr/> E-mail Address
	<hr/> Valid Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO CDL <input type="checkbox"/> please specify class				
	<hr/> Have you provided a copy of your Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO				
	<hr/> License No.				
	<hr/> Are you claiming Veteran's Preference? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<hr/> If yes, have you provided your DD214? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMPLOYMENT INFORMATION	<hr/> Position for Which You are Applying				
	<div style="text-align: center;">(List Only One Position Per Application)</div>				
	<hr/> Salary Expected _____ hourly/annual				
	<hr/> Are you seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal				
	<hr/> Are you able to work the hours required by the position? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	<hr/> Have you ever filed an application with the City before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give date(s) _____				
	<hr/> Have you ever been employed with the City before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give date(s) _____				
	<hr/> Do you have any relatives currently employed by the City? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give names(s) _____				
	<hr/> Are you under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give date of birth _____				
	<hr/> Are you legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<hr/> If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the United States.					

KNOWLEDGE & SKILLS	Please list any knowledge, skills, and abilities you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s) etc. _____																			
	<div></div> <div></div> <div></div> <div></div> <div></div>																			
REFERENCES	Please list five people, other than relatives, who have knowledge of your work experience and/or education.																			
	<table border="1"> <thead> <tr> <th>NAME & ADDRESS</th> <th>OCCUPATION</th> <th>PHONE NUMBER</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			NAME & ADDRESS	OCCUPATION	PHONE NUMBER														
NAME & ADDRESS	OCCUPATION	PHONE NUMBER																		
EDUCATION & TRAINING	<u>HIGH SCHOOL, COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL</u> Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 3 4 Received Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Degree Attained _____ Year Received _____ <table border="1"> <thead> <tr> <th>NAME OF SCHOOL</th> <th>CITY/STATE</th> <th>DEGREE, MAJOR OR TYPE OF COURSE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			NAME OF SCHOOL	CITY/STATE	DEGREE, MAJOR OR TYPE OF COURSE														
	NAME OF SCHOOL	CITY/STATE	DEGREE, MAJOR OR TYPE OF COURSE																	
EDUCATION & TRAINING	<u>JOB RELATED TRAINING AND COURSE WORK</u> (Please provide institution name, location and date(s) of attendance) <div></div> <div></div> <div></div>																			
	<div></div>																			
BACKGROUND	Have you ever been discharged from employment because your work or conduct was not satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a criminal Drug or Alcohol Offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates and explanation _____ Have you ever been convicted of a felony or entered a no contest plea? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list each offense _____ An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.																			
	<div></div>																			

EMPLOYMENT HISTORY

Please list all current and/or previous employment. Begin with your current or most recent position and list all previous positions in chronological order. If additional space is needed, please submit supplemental sheets, resumes may be included.

May we contact your current employer? ☐ Yes ☐ No If No, explain _____

Employer Name _____ Date of Employment _____

Address _____ Phone No. _____

Salary (Beginning & Ending) _____ Supervisor's Name _____

Position Held _____ (Part/Full time) Reason for Leaving _____

Duties/Responsibilities _____

May we contact your current employer? ☐ Yes ☐ No If No, explain _____

Employer Name _____ Date of Employment _____

Address _____ Phone No. _____

Salary (Beginning & Ending) _____ Supervisor's Name _____

Position Held _____ (Part/Full time) Reason for Leaving _____

Duties/Responsibilities _____

May we contact your current employer? ☐ Yes ☐ No If No, explain _____

Employer Name _____ Date of Employment _____

Address _____ Phone No. _____

Salary (Beginning & Ending) _____ Supervisor's Name _____

Position Held _____ (Part/Full time) Reason for Leaving _____

Duties/Responsibilities _____

May we contact your current employer? ☐ Yes ☐ No If No, explain _____

Employer Name _____ Date of Employment _____

Address _____ Phone No. _____

Salary (Beginning & Ending) _____ Supervisor's Name _____

Position Held _____ (Part/Full time) Reason for Leaving _____

Duties/Responsibilities _____

ADDITIONAL FACTS	Please include any additional information that you think would be helpful to us in considering you for employment

STATEMENT OF AFFIRMATION AND AUTHORIZATION

<p style="text-align: center;">AFFIRMATION</p> <p>I understand that any employment offer will be contingent upon the successful completion of a pre-placement medical examination and background investigation. As a part of the City's requirement for a work force free from drugs, the pre-placement medical examination will include a drug test.</p> <p>To the best of my knowledge all information on this application is true and correct. I understand any false statements, representations, or failure to disclose pertinent information is sufficient cause for dismissal from the City's employment if hired.</p> <p>I understand that an offer of employment is not an employment contract and that either the City or I may terminate the employment relationship at any time.</p>	<p style="text-align: center;">AUTHORIZATION</p> <p>I authorize and consent to every person, firm, company, corporation, governmental agency, medical facility or practitioner, association, court, school, college, university or institution having control of any documents, records and other information pertaining to me, to furnish such information, upon request by The City of Port St. Joe. I do also authorize the National Personnel Records Center and/or Army/Navy/Marine/Air Force/Coast Guard or their reserve components, to release information in their files about me to the City or its authorized agents.</p> <p>This Authorization will serve as a release of any and all information and for this purpose a photocopy shall be considered an original and valid.</p> <p>I have read and fully understand the contents of this statement of "Authorization".</p>
<p>Applicant's Signature _____ Date _____</p>	<p>Applicant's Signature _____ Date _____</p>

FOR OFFICE USE ONLY – APPLICANT PLEASE DO NOT WRITE IN SECTIONS BELOW
--

Date Application Entered _____
[] Computer [] Log Book [] Postcard Receipt
Entered by (initials) _____
Forwarded to _____
Department _____
Date Returned _____ Filed by _____

Date Applicant Interviewed _____
Applicant's Status (please check appropriate box)
<input type="checkbox"/> S Applicant selected <input type="checkbox"/> N Did not show for interview <input type="checkbox"/> I Insufficient applicable experience <input type="checkbox"/> Q Does not meet minimum qualifications <input type="checkbox"/> M Better matched candidate was chosen <input type="checkbox"/> R Job was offered but rejected <input type="checkbox"/> B Not best qualified
Comments: _____ _____
Interviewer's Initials _____

The City of Port St. Joe is a **Drug-Free Workplace Employer** and requires applicants and employees to submit to Drug Testing. The City is an **Equal Employment Opportunity/Affirmative Action Employer** and will consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Individuals who require accommodations in order to complete the employment application process should contact the City Clerk's office at the phone number listed above.