

City of Umatilla

P. O. Box 2286
Umatilla, Florida 32784-2286
(352) 669 – 3125
Fax (352) 669 – 8313
Employment Application

The City of Umatilla is an equal opportunity employer and will consider all applicants without regard to race, color, creed, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance to federal law. Applicants requiring accommodation in accordance to the Americans with Disabilities Act are asked to notify City Hall at the number listed above. Applications received by the City of Umatilla will be valid for a period of ninety (90) days. If you wish to be considered for a position after that period, another application must be submitted.

GENERAL INFORMATION

Position Applied for: _____ Date: ____/____/____

Applying for: Full Time _____ Part Time _____ Volunteer _____ Temporary _____

Are you willing to work overtime? Yes _____ No _____ Date you can begin work ____/____/____

Do you have relatives employed by the City of Umatilla? Yes _____ No _____ If yes, give name, relationship and department they in which are currently employed _____

Have you ever worked for the City of Umatilla? Yes _____ No _____

If yes, give employment date(s) _____

Employing Department(s) _____ Position(s) _____

Do you have a current valid Florida driver's license? Yes _____ No _____

_____ Type: Non-Commercial _____ CDL _____ Class _____

List endorsements _____ Expiration Date ____/____/____

PERSONAL and CONTACT INFORMATION

Full Name _____
(Last) (First) (Middle)

Other Name(s) you are known by: _____

What do you like to be called? _____

Home Phone: (____) _____ - _____ Cellular Phone: (____) _____ - _____

Current Address: _____
(Street Name & No.)

(City) (County) (State) (Zip)

Mailing Address: _____
If different from above (Street Name & No.)

(City) (County) (State) (Zip)

In case of emergency notify _____
(Name) (Relationship)

Address _____ Phone (____) _____ - _____

PERSONAL INFORMATION CONTINUED

1. Are you able to perform the essential functions of the position applied for with or without a reasonable accommodation? Yes _____ No _____
2. If you are applying for a non-sworn position, are you at least eighteen (18) years old? Yes _____ No _____
3. Have you ever been arrested, convicted, plead no contest, or had adjudication withheld for a crime, excluding minor traffic violations? Yes _____ No _____
4. Have you ever been a defendant in a civil action for an intentional tort (i.e., assault, battery, false imprisonment) Yes _____ No _____
5. Are you currently wanted or a fugitive in any state or jurisdiction? Yes _____ No _____

If you have answered yes to questions 3 or 4 the answer(s) will not automatically prevent you from obtaining employment with the City. Your response will be considered by the City together with other hiring factors. If you have answered yes to 3 and 4, please provide details regarding the type of crime and/or nature of the tort, the date of the disposition, the penalty or penalties imposed and the final disposition of the legal proceeding.

EDUCATION/TRAINING

Schools Attended	Name and Address of School	Did you Graduate And Year	Major Field Of Study	Degree or Diploma Received
High School				
College				
Graduate Trade or Technical				

Other relevant education or training:

List any skills that you believe are related to the job for which you are applying:

EMPLOYMENT HISTORY

This section must be completed in full. Please list your employment history for the last ten (10) years. Note any periods you were not employed and state the reason why.

Employer (present or most recent)	Street Address , City, State, Zip
	Phone:
Job Title:	Supervisor Name:
Duties:	From (Mo./Yr.) To (Mo./Yr.)
	Rate of Pay: Start: Final:
	Reason for Leaving
Employer (previous)	Street Address , City, State, Zip
	Phone:
Job Title:	Supervisor Name:
Duties:	From (Mo./Yr.) To (Mo./Yr.)
	Rate of Pay: Start: Final:
	Reason for Leaving
Employer (previous)	Street, Address , City, State, Zip
	Phone:
Job Title:	Supervisor Name:
Duties:	From (Mo./Yr.) To (Mo./Yr.)
	Rate of Pay: Start: Final:
	Reason for Leaving
Employer (previous)	Street, Address , City, State, Zip
	Phone:
Job Title:	Supervisor Name:
Duties:	From (Mo./Yr.) To (Mo./Yr.)
	Rate of Pay: Start: Final:
	Reason for Leaving

May we contact the employers listed above? Yes ____ No ____ . If not, please indicate by name which employer(s) you do not wish us to contact and why.

DRIVING RECORD

Have you had a suspension or revocation of your license in the last three (3) years? Yes ___ No ___
How many speeding or other moving violations have you received in the last three (3) years? _____
List all traffic violations (except parking) on your record for the last three (3) years and all motor vehicle accidents in which you have been involved:

Date/Location of Citation	Description	Result

CHARACTER REFERENCES

List three (3) persons familiar with your technical ability and work performance excluding relatives. We will assume we have your permission to contact these individuals unless you indicate to the contrary.

Name	Address (City, State, Zip)	Phone Number

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

The City of Umatilla’s staff is authorized to verify any or all of the information contained herein. With my signature below, I hereby authorize the release of all information related to my application for employment/volunteer service, including, but not limited to, education and employment history.

A false answer to any question in this application may be grounds for non-selection, or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statement. All information you supplied will be considered in the reviewing of your application. Your application is subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume, if included, are true. I understand that any misstatement, misrepresentation, material omissions or falsification of facts shall cause forfeiture of all rights to employment/volunteer service with the City of Umatilla. I understand that should I receive a conditional offer of employment/volunteer, the following test may be required as a condition of employment/volunteer service with the City of Umatilla: drug screen, medical questionnaire, medical examination, employment background check, education background check, certification verification, worker’s compensation background check, motor vehicle records check, criminal history check, and a physical demonstration of job related skills.

If accepted for employment/volunteer service, I agree to abide by and comply with all rules, regulations, policies and practices of the City of Umatilla. I understand that my employment with the City is at-will; that I have the right to terminate my employment at any time with or without cause, and the City of Umatilla has the same right. I understand as a volunteer, I have no job status and no right to employment. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the polices and practices of the City of Umatilla.

Applicant’s Signature

Date