

# CITY OF TALLAHASSEE EMPLOYMENT APPLICATION

**IMPORTANT NOTE:** After April 17, 2009, you must Apply On-line at <http://www.talgov.com/hr/openings.cfm>, (or through PeopleSoft HR Self-Service for City employees.) **THIS APPLICATION FORM WILL NOT BE ACCEPTED FOR VACANCIES UNLESS SPECIFICALLY NOTED ON THE JOB POSTING ANNOUNCEMENT.**



Equal Opportunity Employer  
Equal Access Employer  
Affirmative Action Employer

Where to find Vacancy Information:  
• On the Internet at [http:// www.talgov.com](http://www.talgov.com)  
• WCOT, TV Channel 13  
• City of Tallahassee, Human Resources Division  
First Floor City Hall,  
300 S. Adams Street  
Tallahassee, Florida 32301

## POSITION APPLIED FOR

Requisition No.: \_\_\_\_\_ Position No.: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Application Date: \_\_\_\_\_ Date Avail. to work: \_\_\_\_\_  
Are you a Current City Employee? YES ☐ (ID# \_\_\_\_\_) NO ☐  
Are you a Former City Employee? YES ☐ (ID# \_\_\_\_\_) NO ☐  
Have you previously submitted an application to the City of Tallahassee? YES ☐ NO ☐  
Where did you learn of this vacancy? \_\_\_\_\_

## INSTRUCTIONS

- Complete this application in its entirety. Type or print in ink.
- Specify the requisition number and position number for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Sign your name in the Certification Section on page 2. All information submitted is subject to verification.
- Submit your application by mail to:  
HUMAN RESOURCES DIVISION  
CITY HALL, MAIL BOX A-14  
TALLAHASSEE, FLORIDA 32301-1731  
or by FAX to: (850) 891-8067  
or hand-deliver to the HR Department location listed above.
- Applications **must** meet the following deadlines in order to be considered: **Personally delivered** -- in HR by 5:00 p.m. of the published closing date; **Sent via US mail** -- postmarked by published closing date. **Faxed** -- transmission receipt time by midnight of published closing date.

## HOW DO WE CONTACT YOU?

Your Name \_\_\_\_\_  
Social Security Nbr (last 4-digits only)\* \_\_\_\_\_ Email address \_\_\_\_\_  
\*The City of Tallahassee collects this information for applicant identification and verification, and will release it only if required by law.  
Your Home Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Your Mailing Address (if different from above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work, Business or Cell Phone (specify type) \_\_\_\_\_

## CITIZENSHIP / AUTHORIZATION TO WORK

The City of Tallahassee hires only U.S. citizens and lawfully authorized alien workers. 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 U.S.

Are you a U.S. citizen or are you legally authorized to work in the U.S.? YES ☐ NO ☐

## EEO REPORTING DATA

The following information is not required. It is requested only for Equal Employment Opportunity record keeping, reporting, and compliance purposes as specified by Title VII of The Civil Rights Act of 1964 as amended.

SEX: ☐ Male ☐ Female

RACE: (Check one only.) ☐ White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islander ☐ American Indian or Alaskan ☐ Other

## SELECTIVE SERVICE REGISTRATION

If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System, or proof of exemption from such registration? N/A ☐ YES ☐ NO ☐

**NOTE:** If "Yes" and you are selected as a finalist for this position, you will be required to show proof of registration or exemption prior to appointment.

## RELATIVES IN CITY EMPLOYMENT

To your knowledge, do you have any relatives working for the City of Tallahassee? YES ☐ NO ☐

If "Yes", Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_ Dept(s) where employed: \_\_\_\_\_  
(Continue list on another sheet, if necessary)

## DRIVER LICENSE INFORMATION

State of Issuance: \_\_\_\_\_ Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

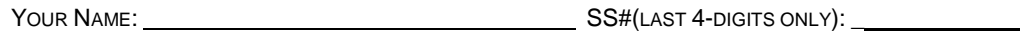
Driver License Type (Select One): A B C D E Endorsement(s) (Select if applicable): N P H X

## EDUCATION - Select Highest Grade Completed. You will be asked for more detailed information in the next section.

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

## FOR HUMAN RESOURCES USE ONLY:

Screened by: \_\_\_\_\_ Date: \_\_\_\_\_ Eligibility: \_\_\_\_\_



Name: \_\_\_\_\_ Location: \_\_\_\_\_

Received:    ☐ Diploma                      ☐ Certificate of Completion                      ☐ GED                      ☐ None, highest grade completed: \_\_\_\_\_

Your name, if different while attending school: \_\_\_\_\_

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		# OF CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED	COURSE OF STUDY	Training Complete	
		FROM	TO	Class Room/Clock		Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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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 a covered employee or former employee who is exempt from public records disclosure under §119.07, Florida Statutes? **YES** ☐ **NO** ☐

*\*Other covered jobs include 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; human resource, labor relations, or employee relations directors, and their spouses & children; code enforcement officers and their spouses & children. (See §119.07, F.S..)*

## VETERANS' PREFERENCE CLAIM

**In order to receive Veterans' Preference, documentation substantiating your claim must be furnished with this application\*\*. Check the appropriate block and attach the required documentation 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 and the Department of Defense, **or**
2. ☐ The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, **or**
3. ☐ The unmarried widow or widower of a veteran who died of a service-connected disability, **or**
4. ☐ A veteran awarded a qualifying Campaign or Expeditionary Medal, or who has served on active duty for one day or more during a wartime period for a war listed by Section 1.01 (14), Florida Statutes.

I am a resident of the State of Florida. ☐ Yes ☐ No

*\*\* A DD214 or comparable document that serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in §1.01.F.S. Under Florida law, preference in appointment shall be given by the City to those persons in categories 1 and 2 and then to those in categories 3 and 4. Veterans' Preference is only available to Florida residents. Refer to [www.floridavets.org/benefits/veteranspref.asp](http://www.floridavets.org/benefits/veteranspref.asp) for more information regarding Veteran's Preference.*

Branch of Service: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Honorable Discharge: \_\_\_\_\_

*An applicant eligible for Veteran's Preference who believes he or she was not afforded employment preference in accordance with Florida law may file a complaint requesting an investigation with the Department of Veterans' Affairs, P. O. Box 31003, St. Petersburg, FL 32331. A complaint must be filed within 21 calendar days from the date that the notice of hiring decision is received by the applicant or within three calendar months of the date the application is filed with the employer. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.*

## PERIODS OF EMPLOYMENT: **All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be submitted as supplemental information.**

Describe your work experience in detail beginning with your PRESENT or most recent job, and describe all periods of employment and periods of unemployment if longer than six months. Be sure to provide complete information regarding each position. IMPORTANT: Indicate supervisory responsibility and number of employees supervised. For the purposes of the City, supervisory responsibility involves having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, where the exercise of such authority requires the use of independent judgment. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities.

May we contact your current employer? **YES** ☐ **NO** ☐

May we contact your former employer(s)? **YES** ☐ **NO** ☐

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

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From:    /    /    To:    /    /    Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From:   /  /   To:   /  /   Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From:   /  /   To:   /  /   Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**4**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From:   /  /   To:   /  /   Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From:   /  /   To:   /  /   Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From:   /  /   To:   /  /   Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**4**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From:   /  /   To:   /  /   Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_