



City of Green Cove Springs

321 Walnut Street
Green Cove Springs, FL 32043

Phone: (904) 297-7500
Fax: (904) 284-8118

Dear Applicant:

Thank you for your interest in employment with the City of Green Cove Springs. The City accepts applications only for vacant positions and requires the completion of an employment application. While you may submit a resume, your response to this recruitment also requires a completed application form. Applications/Resumes may be submitted by mail, email, or in person. Faxes of these documents are not considered valid or accepted.

Your application for this position only will be deemed active and be retained by the City for a period of six (6) months. Should future vacancies arise that you are interested in, it will be necessary for you to submit another application for that particular recruitment.

The City of Green Cove Springs is an equal opportunity employer. It is the policy of the City to hire without discrimination on the basis of sex, race, color, national origin, religion, age, disability, marital status, veteran status, or any other protected status.

It is the policy of the City to conduct a pre-employment screening before a job offer is made. If a job offer is made, employment is contingent upon the successful completion of a medical examination and a drug screen.

If you are applying for a position in a department that periodically requires serving in a standby status, please be aware that you must be able to respond from your home to the base/scene for a call-out within twenty-five (25) minutes of initial contact.

If you have any questions relative to this recruitment, my contact information is 904-297-7500, Ext. 3313 or email jobs@greencovesprings.com.

Sincerely,

Mary Jane Lundy
Interim Human Resources Director



CITY OF GREEN COVE SPRINGS
321 Walnut Street
Green Cove Springs, Florida 32043

APPLICATION FOR EMPLOYMENT: We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veteran status.

Date: _____

Are you 18 years or older?: YES NO

Name: _____

Last First Middle

Present Address: _____

Street City State Zip Code

Permanent Address: _____

Street City State Zip Code

Phone No: _____ Referred by: _____

If Related to Anyone Who Works for this Company, State Name, Department and Location.

EMPLOYMENT DESIRED	Date You	Salary
Position: _____	Can Start: _____	Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer?

Ever applied to this Company before? _____ Where? _____ When? _____

Are there any days, shifts or hours you will not work? _____

If yes, explain: _____

EDUCATION	Name and	Degree/	Subjects	Grade
	Location of School	Certificate	Studied	Average

Grammar School _____

High School _____

College _____

Trade, Business or Correspondence School _____

Other (including graduate school) _____

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to, a crime? YES NO

If yes, give details (date, place, offense(s), disposition, etc.): _____

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program? YES NO

If yes, give details (date, place, offense(s) charged, disposition, etc.): _____

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages if necessary).

Date Month and Year	Name, Address and Telephone No. of Employer	Position and Job Duties	Salary	Reasons for Leaving
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From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

Did you work for any of these employers under a different name? YES NO

If yes, which employer(s) and under what name(s)? _____

Please explain any gaps in your employment history. _____

Have you received any written reprimands or disciplinary suspensions during any previous employment? YES NO

If yes, please explain: _____

Have you ever been discharged or asked to resign? YES NO

If yes, please explain (include by whom, when and for what): _____

DRIVING RECORD:

Do you have a valid driver's license? YES NO

What class of license do you possess? _____

Have you had a suspension or probation of your license within the last five (5) years: YES NO

How many speeding or other moving violation have you received in the last three (3) years?

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional page if necessary).

DATE	LOCATION	DESCRIPTION	RESULT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Phone Number	Occupation	Years Acquainted
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

MILITARY SERVICE RECORD: Were you in U.S. Armed Forces? [] YES [] NO

If yes, what branch? _____

Dates of duty: From _____ To _____
Mo.-Day-Yr. Mo.-Day-Yr.

Rank at discharge: _____

List duties in the service, including special training:

VETERAN'S PREFERENCE:

Are you claiming Veteran's preference? _____ Yes _____ No

If yes, you must attach copies of eligibility documents at time of submission of application, per 55A-7.013, F.A.C.

(Note: Preference in appointment will be given to eligible veterans and spouses of veterans per F.S. 295.07.)

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the City to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the City all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the City, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or City medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six (6) month probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the City or myself.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I will be requested by the City to submit to a drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, will result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Date

Signature of Applicant



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Equal Employment Opportunity Statistical Information

The following information will be used in compiling statistical reports for various government agencies. It will not be used in any manner relative to employment with the City of Green Cove Springs.

Date: _____

Position Applied For: _____

Check one of the following:

1. Sex

- Male
- Female

2. Race

- Black or African American
- Hispanic or Latino
- Asian
- Pacific Islander or Native Hawaiian
- American Indian or Alaska Native
- White
- Two or More Races

*****DO NOT SIGN OR LIST YOUR NAME ON THIS FORM*****