



CITY OF NEWBERRY

25440 West Newberry Road · P.O. Box 369
Newberry, Florida 32669
(352) 472-2161 · FAX (352) 472-7026

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

PLEASE PRINT

Position (s) Applied For

Date of Application

How did you learn about us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number

Social Security Number

Best time to contact you at home is

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever filed an application with us before? Yes No
.....If yes, give date _____

Have you ever been employed with us before? Yes No
.....If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status, proof of citizenship or immigration status will be required upon employment...... Yes No

Date available for work ___/___/___ **What is your desired salary range?** _____

Are you available to work: Full-Time

Part-Time

Temporary

Are you currently on "lay-off" status and subject to recall? Yes
 No

Can you travel if the job requires it? Yes
 No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

SCHOOL	NAME / ADDRESS	COURSE	YRS COMPLETE	DEGREE
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ELEMENTARY

HIGH

COLLEGE

OTHER

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-rated training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates employed	Work performed
Address	Hourly Rate/Salary	
Telephone Number		
Job Title	Supervisor	
Reason for Leaving		

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Telephone Number		
Job Title	Supervisor	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

- | | | |
|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Typing | |
| <input type="checkbox"/> Microsoft | <input type="checkbox"/> PowerPoint | |
| <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> Laserfish | |

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

REFERENCES

1.
Name _____ Phone # _____
Address _____

2.
Name _____ Phone # _____
Address _____

3.
Name _____ Phone # _____
Address _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

Signature of Applicant

Date