



**CITY OF GULFPORT, FL.**  
**EMPLOYMENT APPLICATION**

City of Gulfport, Personnel Division • 2401 53<sup>rd</sup> Street South • Gulfport FL 33707-5161  
(727)-893-1021 Fax: (727) 893-1005 E-mail: [personnel@mygulfport.us](mailto:personnel@mygulfport.us)

Name: \_\_\_\_\_  
Last First M.I. Social Security No.

Address: \_\_\_\_\_  
Street City State Zip

Telephone No: \_\_\_\_\_  
Home Work

Prior address if less than 7 yrs: \_\_\_\_\_  
Street City State Zip

Position applying for: \_\_\_\_\_ Desired salary: \$ \_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available to begin work: \_\_\_\_\_ Applying for: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Have you ever worked for the City of Gulfport? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, indicate title and prior work dates: \_\_\_\_\_

Do you have relatives who are City employees? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, indicate name and relationship: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, indicate License # \_\_\_\_\_ State Issued \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Has your license ever been revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when and for what reason? \_\_\_\_\_

**POLICE AND DRIVING RECORDS WILL BE CHECKED**

With the exception of any offense committed before your 18<sup>th</sup> birthday, list below all offenses against the law (other than minor traffic violations) where you have been found guilty, where charges are pending adjudication, where you pled guilty or nolo contendere, where adjudication was withheld, or where you were placed on probation or in a supervised program. You do not have to list charges that were dropped or of which you were found innocent. Criminal convictions are not an automatic bar to employment and will only be considered in relation to the position for which you are applying. However, omissions or deceptive statements may disqualify you from examination, certification, appointment or retention.

Date	Charge	City/County/State	Disposition

Have you ever been refused a surety bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

# EDUCATION

Circle or Click under Highest Grade Completed:

Elementary/High

1 2 3 4 5 6 7 8 9 10 11 12

College

1 2 3 4

Graduate School

1 2 3 4

School	Name/Address of School	Dates Attended From      To	Answer below for each school to highest level completed
High School			Did you graduate? ___ Yes ___ No If no, do you have Equivalency Certificate (GED) ___ Yes ___ No Issued by (State): _____ Issued Date: _____
College/University			___ Associate Degree ___ Bachelor's Degree Did you graduate? ___ Yes ___ No Graduation Date: _____ Major _____, Minor _____
College/University			___ Associate Degree ___ Bachelor's Degree Did you graduate? ___ Yes ___ No Graduation Date: _____ Major _____, Minor _____
Graduate Studies			___ Master's Degree ___ Other: _____ Did you graduate? ___ Yes ___ No Major field of study: _____
Vocational or Business			Major Study _____ Hrs Completed _____  Certificate/Diploma Received? ___ Yes ___ No
Computer Training			Course Title _____ Hrs Completed _____  Certificate/Diploma Received? ___ Yes ___ No
Other Occupational Licenses or Certificates:			Languages other than English:  Spoken Fluently: _____  Written Fluently: _____

List any other additional information that may help us consider your application, including special training, equipment that you can operate and the number of years of experience, computer applications and skill level, typing speed (if applicable), and any awards and professional organizations that relate to the job for which you are applying:

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In case of Emergency Notify:

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Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

# EMPLOYMENT HISTORY

All applicants must complete the following even if you have sent or attached a resume. Please, complete all information requested, beginning with your most recent employer. List employers separately, including military service and any periods of unemployment. If your immediate supervisor is no longer with the employer, list someone who knew your work. If you were employed under another name, please indicate. Explain any gaps in employment.

## Present or Most Recent Employer:

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Start Date \_\_\_\_\_ Last Date \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Name, title, & telephone number of your immediate supervisor:

May we contact your present employer regarding your employment record? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe specific duties and responsibilities:

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Reason for leaving: \_\_\_\_\_

## Next Previous Employer:

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Start Date \_\_\_\_\_ Last Date \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Name, title, & telephone number of your immediate supervisor:

Describe specific duties and responsibilities:

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Reason for leaving: \_\_\_\_\_

## Next Previous Employer:

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Start Date \_\_\_\_\_ Last Date \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Name, title, & telephone number of your immediate supervisor:

Describe specific duties and responsibilities:

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Reason for leaving: \_\_\_\_\_

## Next Previous Employer:

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Start Date \_\_\_\_\_ Last Date \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Name, title, & telephone number of your immediate supervisor:

Describe specific duties and responsibilities:

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Reason for leaving: \_\_\_\_\_

## VETERANS' PREFERENCE

Are you claiming veterans' preference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Dates of Military Service: \_\_\_\_\_

Have you been employed by the State of Florida or a political subdivision of the State? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give employer name: \_\_\_\_\_

And dates of covered employment: \_\_\_\_\_

A discharge under honorable conditions is required. For verification, form DD214 and proof of percentage of compensable disability dated within the last year is required.

Preference in appointment is given to a disabled veteran or spouse, veterans who served during a wartime period, and an unmarried widow or widower. An applicant eligible for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731, (727) 898-2121 or 1-800-827-1000. The investigation request must be filed within 21 calendar months from the date the application was received by the employer when the applicant has not received notice of the hiring decision. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PLEASE READ BEFORE SIGNING APPLICATION FORM:

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the City or its agent to conduct a thorough investigation into my prior employment and any other area of my background, including criminal background (regardless of adjudication) and driver's license checks which the City believes to be relevant to my employment. I do further consent to the release and disclosure to the City or its agent from any persons, company, corporations, or government agency any information sought concerning my background and do further release from liability the City or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I understand that job offers extended by the City of Gulfport in some or all job classifications are conditioned upon successful completion of a physical examination by an authorized physician who will determine whether I can perform the essential functions of the position offered, with or without reasonable accommodations. In addition, I voluntarily consent and agree to pre-employment drug testing and the results of the test to be released to the City of Gulfport. I understand that if I fail the pre-employment drug test, the City may withdraw my employment offer. Furthermore, the City of Gulfport will pay the cost of my physical examination and drug screening. However, should I voluntarily resign within six months of my hire date, I understand that the cost of the physical examination and drug screening will be deducted from my final paycheck.

I acknowledge that any false information provided by me to the City may constitute grounds for immediate discharge, regardless of when the false information is discovered by the City. Similarly, I understand that my continued employment is contingent on successfully passing a background investigation as determined by the City. Any information discovered about me during this investigation, which was deemed by the City to be unsatisfactory, may constitute grounds for immediate discharge, regardless of when discovered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The City of Gulfport is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual preference or veterans' status (except if eligible for Veterans' Preference).*

*City of Gulfport*

**FCRA INVESTIGATIVE REPORT DISCLOSURE STATEMENT**

As required by the Fair Credit Reporting Act, this is to advise you that, a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained by the City of Gulfport for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I hereby acknowledge receipt of the foregoing disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

Pursuant to Section 119.071(5)(a), Florida Statutes, this is to serve as notice that the City of Gulfport is requesting your social security number for one or more of the following employment related purposes: Identification and verification, tracking, benefit processing, tax reporting and as a unique numeric identifier and may be used for search purposes. In addition, under Florida law, your social security number may be released to other Governmental agencies and commercial entities as required by law.

I hereby acknowledge receipt of the forgoing disclosure

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date