

City of Palatka
City Hall
201 North 2nd Street
Palatka, Florida 32177
Phone: (386)-329-0100
www.co.putnam.fl.us/palatka/



Palatka Police Department
110 North 11th Street
Palatka, Florida 32177
Phone (386) 329-0115
Fax (386) 329-0159
www.palatkapd.net

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please answer all questions. Resumes are not accepted in lieu of completion of this application. This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Position applying for:

Last Name

First Name

Middle

Address

Phone Number

Address

Phone Number

Date of Birth

Social Security Number

Driver's License Number

Expiration Date

State

Only United States Citizens or aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? Yes or No

Have you ever been convicted of any crime? Yes or No

Have you ever had adjudication withheld for any crime? Yes or No

If yes to either question as to crimes, please give details to the type of crime, the date of conviction, and the penalty imposed. (Attach a separate piece of paper if necessary.) A conviction will not necessarily disqualify you from employment.

EDUCATIONAL AND TRAINING DATA

You must provide the Palatka Police Department with the official transcripts, copies of all diplomas and certificates, etc. and attach to your application. Official Transcripts should be mailed to the Palatka Police Department, Attention: Background Investigator, 110 North 11th Street, Palatka, Florida 32177.

NAME OF INSTITUTION/ ORGANIZATION	LOCATION/ ADDRESS	YEAR TAKEN	AREA OF STUDY/COURSE	GRADE/CERTIFICATION/ DIPLOMA/DEGREE	COMPLETED	
					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"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Other skills:

Please list any other job-related skills or qualifications that support your application for the position you are applying for.

MILITARY SERVICE

Were you ever in any branch of military service?

Yes No

If yes, which branch of Service?

DATES OF SERVICE	BRANCH	DUTIES

EMPLOYMENT HISTORY

1. Have you ever been dismissed or forced to resign from any employment?

Yes:

No:

If yes, please explain.

2. Have you ever been disciplined or fired for insubordination

Yes:

No:

If yes, please explain.

3. Have you ever been disciplined or discharge for violating a safety rule?

Yes:

No:

If yes, please explain.

4. Have ever been disciplined or fired for fighting, assault, battery, etc.?

Yes:

No:

If yes, please explain.

5. Have ever been sued for an intentional tort (such as fraud, assault, battery, etc.?)

Yes:

No:

If yes, please explain the nature of the tort or suit and the disposition of the action.
(Attach separate paper if necessary)

6. Have you ever been a party, either complainant or respondent in a civil suit?

Yes:

No:

If yes, please explain.

EMPLOYMENT HISTORY

EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			

EMPLOYMENT HISTORY

EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			

RESIDENCES

You must list all places you have resided during the past ten (10) years starting with your present address. If you live with a roommate and the residence where you live was in the roommate's name, please give the name, address and phone number of the roommate. Do not use post office box numbers when other addresses can be used. If you own your residence free and clear, indicate that in the Land/Mortgage Company section.

Note: Make sure to complete all blank spaces in this section. This section must be complete for you to be processed.

ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE		COUNTY
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			
ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE		COUNTY
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			
ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE		COUNTY
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			

CHARACTER REFERENCES

You must provide the names, addresses and phone numbers of five (5) persons not related to you and not former employers who have known you for a substantial period, preferably for more than five (5) years.

NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	
NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	
NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	
NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	
NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	

Do you have any relatives currently employed with the City of Palatka?

Yes: No:

If yes, please give us the name of relative and department/position currently in.

ADDITIONAL INFORMATION

In case of emergency, notify:

Last Name	First Name	Middle
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Relationship

Address	Telephone Number
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Last Name	First Name	Middle
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Relationship

Address	Telephone Number
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List below any other information or remarks that you wish to have considered as a part of your application for employment.

Have ever filed an application with the City of Palatka before?
Yes: No:

If yes, please give date.

Have ever been employed by the City of Palatka before?
Yes: No:

If yes, please give dates:

NOTICE TO APPLICANTS:

This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

Applicants Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information provided in this application may remove me from further consideration for employment. In addition, if employed, and misrepresentation or omissions of facts in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer Policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manual, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

APPLICANT'S SIGNATURE

DATE

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

Florida Employment Law Letter
P.O. Box 43033, Jacksonville, Florida 32203-3033
(904) 398-1170
Revised November 1999

PALATKA POLICE DEPARTMENT
110 NORTH 11TH STREET
PALATKA, FLORIDA 32177

Personal Inquiry Waiver
Authority for Release of Information

NAME:

Social Security Number:

To: The custodian of any and all records pertaining to the undersigned:

I respectfully request and authorize you to furnish the City of Palatka-Police Department all information that you may have concerning my work record, school record, and reputation including license check and criminal background check. This information is to be used to assist the City in determining my fitness and qualifications for the position I am seeking with the City.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

Your prompt reply to this request will be greatly appreciated.

Applicant's Signature

Date

Witness

Applicant's Address

**Authority For Release of Information
(Background Investigation Waiver)**

To: Concerned Person or Authorized
Representative of Any Organization
Institution or Repository of Records

APPLICANT'S NAME: _____
DATE OF BIRTH: _____
SOCIAL SECURITY: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or the repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempted to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to: Palatka Police Department, 110 North 11th Street Palatka, Fl. 32177.

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from such civil liability for such disclosure of its consequences. For the purpose of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. Pursuant to Section 943.13 (4), (5) and (7) F.S., chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____
Applicant's Address _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____
Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore. Sworn and subscribed in my presence this _____ day of _____, 20_____. Personally Known _____ -or- Produced Identification _____
Type of Identification Produced _____

Notary Seal

Notary Public Signature



DRUG TESTING CONSENT FORM

I understand that as part of the pre-appointment process, the City of Palatka will conduct in-depth background investigation in an effort to determine my suitability to fill the position for which I applied. In keeping with the efforts of the City of Palatka to identify the most qualified individuals for employment, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and/or blood.

I understand that refusal to supply the necessary samples may be grounds for rejection of my application for appointment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-appointment process to determine my eligibility for the position for which I have applied, and that written confirmatory laboratory reports may be subject to disclosure under the Florida Public Records Act.

Applicants Signature Date

Witness Signature

Applicant Refused to Sign Consent Form Yes _____

Dear Applicant:

As a tool to insure maximum savings for the City of Palatka it is requested that you report to the WORKSource office located at the Palatka Mall, 400 Highway 19 North, F-5, for screening and to check your registration.

To: WORK Source

Comments:

Date: _____

Signature: WORKSOURCE Representative