

# H. EMPLOYMENT APPLICATION

CITY OF VERNON, FLORIDA

*(An Equal Opportunity Employer & Drug Free Workplace)*

## Section 1: Application Details

Position Applied For: \_\_\_\_\_

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

Department:  Water & Sewer  Street  Recreation  Finance & Administration  City Clerk

### Section 1.1: Availability

Employment Type Sought:  Full-Time  Part-Time

Available Start Date: \_\_\_\_\_

Days Available:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Hours Available: From \_\_\_\_\_ To \_\_\_\_\_

Desired Compensation/Salary Expectation: \_\_\_\_\_

Are there any scheduling limitations the City should be aware of?  Yes  No

If yes, explain: \_\_\_\_\_

## Section 2: Personal Information

Legal Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Section 2.1: Administrative Identifiers

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

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

### Section 2.2: Emergency Contact

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Section 2.3: Voluntary Self-Identification (Optional)

The following information is requested on a strictly voluntary basis for EEO recordkeeping, affirmative action, and workforce planning purposes. Providing or declining to provide this information will not affect your application or any employment decision.

**Veteran Status (USERRA / 38 U.S.C. 4212):**  Not a Veteran  Veteran  Disabled Veteran  Recently Separated Veteran (within 3 years of discharge)  Prefer Not to Disclose

**Voluntary Disability Self-Identification (ADA):**  Yes, I have a disability or history of a disability  No, I do not have a disability  Prefer Not to Disclose

**Military Service Obligations:** Are you currently a member of, or do you have anticipated obligations to, the U.S. Armed Forces Reserve or National Guard?  Yes  No

If yes, anticipated service dates or obligations: \_\_\_\_\_

*(Note: The City fully complies with USERRA, 38 U.S.C. 4301 et seq. Military service obligations will not adversely affect any employment decision. See Section 5.5.3.)*

### Section 3: Employment Eligibility, Qualifications, and Background Check Authorization

1. Are you legally authorized to work in the United States?  Yes  No

*(Note: As a Florida public agency, the City of Vernon is required by Fla. Stat. 448.095 and SB 1718 to use the federal E-Verify system to verify the employment eligibility of all newly hired employees. An affirmative answer to Question 1 above is not a substitute for the E-Verify verification process. E-Verify will be initiated within three (3) business days of the employee's first day of work and is used only after commencement of employment - it is not used to screen applicants prior to hire. Paper Form I-9 alone is not sufficient. See Section 3.2.5.)*

2. Are you 18 years of age or older?  Yes  No

3. Have you ever been employed by the City of Vernon?  Yes  No If yes, dates/position:  
\_\_\_\_\_

4. Do you have a valid Commercial Driver's License (CDL) or other specialized license required for this position?  Yes  No

(If yes, provide License Type, State, and Number:  
\_\_\_\_\_ )

5. Are you related to any current employee or official of the City of Vernon as defined in the Nepotism policy (Section 7.2.1 and Fla. Stat. 112.3135)? (Includes: spouse, domestic partner, parent, child, sibling, in-law, step-relative, half-sibling, stepparent, stepchild, cousin, uncle, aunt, nephew, niece)  Yes  No

If yes, provide Name and Relationship:  
\_\_\_\_\_

6. Have you ever been convicted of a felony, or of a misdemeanor within the past seven (7) years

(excluding arrests without conviction, sealed records, expunged records, and minor traffic infractions)?

Yes  No

*If yes, for each conviction please provide: (a) the nature of the offense; (b) the date and jurisdiction of conviction; (c) the sentence imposed; and (d) any evidence of rehabilitation or other relevant information you wish the City to consider:*

---



---



---

*(Note: A criminal conviction does not automatically disqualify you from employment. Consistent with EEOC guidance and Florida law, the City conducts an individualized assessment of each applicant's criminal history, taking into account the nature and gravity of the offense, the time elapsed since the offense or completion of the sentence, and the nature of the position sought. You will be given an opportunity to provide evidence of rehabilitation before any adverse employment decision based on criminal history is finalized. See Section 3.2.3 of the Employee Handbook.)*

*(Note: Appointment, employment, promotion, or advancement of a relative by a public official is prohibited by Florida Statute § 112.3135 and City policy. Violations may result in disciplinary action up to and including termination. See Nepotism definition and Section 7.2.1 of the Handbook.)*

## Section 4: Education

School Name & Location	Dates Attended	Degree Earned	Major/Course of Study
High School/GED:			
College/University:			
Vocational/Other:			

### Section 4.1: Skills, Licenses, and Certifications

*List any professional licenses, certifications, technical skills, or specialized training relevant to the position sought (other than CDL, which is addressed in Section 3 above):*

License / Certification / Skill: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

License / Certification / Skill: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

License / Certification / Skill: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

Additional relevant technical skills or training (e.g., software, equipment operation, trade certifications):  
\_\_\_\_\_

## Section 5: Employment History

*\*Start with your most recent or current employer. Attach a resume if desired, but this section must be completed.\**

### Employer 1 (Most Recent)

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed (From/To): \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

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

May we contact this employer?  Yes  No

### Employer 2

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed (From/To): \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

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

May we contact this employer?  Yes  No

### Employment Gap Explanation:

If there are any gaps in your employment history of six (6) months or more, please explain each gap below, including approximate dates and reason (attach additional sheets if necessary):

---

---

---

---

## Section 5.1: Professional References

List three (3) professional references who can speak to your qualifications and work performance. Do not list family members or relatives as defined under the Nepotism policy (Section 7.2.1). References may be contacted as part of the background investigation process (Section 3.2).

**Reference 1:** Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

**Reference 2:** Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

**Reference 3:** Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

## Section 6: Applicant Certification, Background Check Consent, and Acknowledgment

I certify that the facts set forth in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that falsification of any information provided in this application, supporting documents, or during the hiring process will be sufficient cause for removal from consideration or immediate dismissal, regardless of when it is discovered (Section 8.2).

**Background Investigation Authorization (FCRA):** I authorize the City of Vernon to conduct a background investigation in connection with my application for employment. I understand that this investigation may include, but is not limited to, prior work performance, education verification, reason for leaving previous positions, criminal history, and reference checks, as described in Section 3.2. I understand and acknowledge the following:

(a) Consumer Report Authorization: Pursuant to the Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 et seq., a separate, standalone written authorization form will be provided to me prior to the City obtaining any consumer report or investigative consumer report from a consumer reporting agency. This separate FCRA authorization form will be provided to me at the time of a conditional offer of employment, or at such earlier time as a consumer report is to be obtained, whichever occurs first. My signature on that separate form is required before any such report is obtained. My

signature on this application does not itself constitute authorization for a consumer report (Section 3.2.1).

(b) Pre-Adverse and Adverse Action Rights: If the City intends to take any adverse action (e.g., denial of employment) based in whole or in part on information contained in a consumer report, the City will first provide me with: (i) a copy of the consumer report; (ii) a written summary of my rights under the FCRA ("A Summary of Your Rights Under the Fair Credit Reporting Act"); and (iii) a reasonable opportunity to dispute inaccuracies before final adverse action is taken, consistent with 15 U.S.C. 1681b(b)(3) and Section 3.2.4 of the Handbook.

Criminal History Disclosure (Section 3.2.3): I understand that the City will conduct a criminal history check as part of the background investigation. Consistent with EEOC guidance and Florida law, the City conducts an individualized assessment of any criminal history record, taking into account: (i) the nature and gravity of the offense or conduct; (ii) the time elapsed since the offense or completion of the sentence; and (iii) the nature of the position for which I am applying. I understand that a criminal record does not automatically disqualify me from employment. I will be given an opportunity to provide evidence of rehabilitation, mitigating circumstances, or other relevant information before any adverse employment decision based on criminal history is finalized. Nothing in this application shall be construed as a waiver of my rights under applicable federal or state law.

E-Verify Authorization (Section 3.2.5 / Fla. Stat. § 448.095): I understand that, upon hire, the City of Vernon is required by Florida law to verify my employment eligibility through the federal E-Verify system. I acknowledge that the City will create an E-Verify case within three (3) business days of my first day of work, and that E-Verify documentation will be retained by the City for a minimum of three (3) years from my date of hire. I understand that E-Verify is not used to screen applicants prior to hire and will only be initiated following commencement of my employment.

I specifically acknowledge and agree to the following policies of the City of Vernon (see also Chapter 3: Recruitment and Employment Practices):

Drug-Free Workplace/Testing: I understand that the City of Vernon maintains a Drug-Free Workplace consistent with Florida Statute 440.102 and City policy (Section 7.4.2). I acknowledge that I may be required to submit to a pre-employment drug test as a condition of hire and that, if employed, I may be subject to reasonable suspicion, post-accident, follow-up, and - for safety-sensitive positions - random drug and alcohol testing. I understand that a positive test result or refusal to submit to testing may result in withdrawal of a conditional offer of employment or, if employed, disciplinary action up to and including termination.

At-Will Employment: I understand and acknowledge that if employed, my employment will be at-will, meaning that I or the City may terminate the employment relationship at any time, with or without cause, and with or without notice, except as otherwise required by law. I understand that only the City Council, acting through an official written resolution or ordinance, has the authority to alter the at-will nature of employment or enter into an agreement for a specified period of time, and that no supervisor, manager, or other City employee has authority to modify the at-will relationship or make promises of continued employment (Sections 1.2, 1.2.3, and 1.3.4).

Non-Discrimination: I acknowledge that the City of Vernon is an Equal Opportunity Employer and

does not discriminate on the basis of race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age (40 or older), disability, genetic information, marital status, veteran status, or any other characteristic protected by federal, state, or local law, including the Florida Civil Rights Act (Fla. Stat. 760.10 et seq.), Title VII, the ADA, the ADEA, GINA, and USERRA (Sections 3.1.3 and 7.1).

Handbook and Legal Compliance Acknowledgment: I acknowledge that, if hired, I will receive a copy of the City of Vernon Employee Handbook and will be required to sign the Employee Handbook Acknowledgement Form within ten (10) days of my first day of work (Section 1.1.2). I understand that my employment will be governed by the policies and procedures set forth in the Handbook, including but not limited to: at-will employment (Section 1.2); probationary period (Section 2.2); recruitment and background investigation procedures (Sections 3.1–3.2); FLSA classifications and compensation (Chapter 4); leave entitlements (Chapter 5); workplace conduct and non-discrimination (Chapter 7); discipline and separation (Chapter 8); and the grievance procedure (Section 9.2). I further acknowledge that the Handbook does not constitute an employment contract, express or implied, and does not guarantee employment for any specific duration.

By signing below, I certify that all information provided in this application is true and complete, that I have read and understood all disclosures and acknowledgments set forth in Section 6 above, and that I consent to the background investigation process described herein, subject to the provision of any separate FCRA authorization form required by law.

Applicant Printed Name: \_\_\_\_\_

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

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

For City Use Only - Date Application Received: \_\_\_\_\_

Received By: \_\_\_\_\_