

CITY OF BRISTOL, FLORIDA

APPLICATION FOR EMPLOYMENT

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PERSONAL INFORMATION

Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Mailing Address if different from above City/State Zip

Contact information: () () _____
Home Telephone Cell Phone Email

Social Security Number: _____

Do you possess a valid Drivers License? _____

Do you currently own or have access to dependable transportation to and from the workplace? _____

Are you a U.S. Citizen? _____

If no, do you possess an I-151 Card an I-551 Card or an I-94 Card stamped "Employment Authorized"? _____

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POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **Are you currently employed?** _____
Hourly or Salary

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EDUCATION:

	Name and Location	Graduate?	Degree Obtained?	Major/Subjects of Study
High School				
College or University				
Specialized Training, Trade School, etc.				
Other Education				

Please list any professional or occupational certificates or registrations which you currently hold:

Are you currently a Notary Public?

Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the above mentioned position and indicate your level of proficiency (example: somewhat familiar with, proficient, extremely proficient).

Other Training:

List below any courses, seminars, workshops, conferences, or other training that is especially relevant in preparing you for this position. Please list only relevant courses and give complete and meaningful information so your training can be fairly evaluated (Course title, length, content, etc):

EMPLOYMENT HISTORY:

Please list beginning from most recent:

Dates Employed	Company Name	Location	Role/Title

Supervisor: _____ Contact Ph: _____

Job notes, tasks performed, and reason for leaving:

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Dates Employed	Company Name	Location	Role/Title

Supervisor: _____ Contact Ph: _____

Job notes, tasks performed, and reason for leaving:

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Dates Employed	Company Name	Location	Role/Title

Supervisor: _____ Contact Ph: _____

Job notes, tasks performed, and reason for leaving:

=====

Dates Employed	Company Name	Location	Role/Title

Supervisor: _____ Contact Ph: _____

Job notes, tasks performed, and reason for leaving:

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May we contact the employers listed above? _____

Have you ever been convicted of a criminal offense? _____ If yes, please explain:

Do you currently have relatives working for the City of Bristol or currently serving on the Bristol City Council? _____ If so, please list name(s) and relationship(s) below:

Please list three (3) personal references not related to you whom you have known at least one year:

Name	Address/Business/Phone	Years Acquainted

Return Application to:

**Robin M. Hatcher, City Clerk
City of Bristol
12444 NW Virginia G. Weaver Street
P.O. Box 207
Bristol, Florida 32321
Fax: (850) 643-4525**

Email: rmh.cityofbristol@fairpoint.net Subject: Application for Employment

EQUAL OPPORTUNITY EMPLOYER/DRUG-FREE WORKPLACE