

**CITY OF BUSHNELL**



**EMPLOYMENT APPLICATION**  
City of Bushnell

We appreciate your interest in our City and assure you that we are sincerely interested in your qualifications. We encourage women, minorities, individuals with disabilities and veterans to apply for all our job openings. The City is an equal opportunity employer and all qualified applicants will receive considerations for employment without regard to race, color, religion, gender, sexual orientation, gender identity, age, disability status, politics or national origin, Genetic Information & Testing, Family and Medical Leave, protected veteran status, or any other characteristic protected by law.

The City of Bushnell is a Drug-Free Workplace

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

City State Zip

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? \_\_\_\_\_

ARE YOU OVER THE AGE OF 18? \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

DO YOU POSSESS A VALID FLORIDA DRIVERS LICENSE? Y/N \_\_\_\_\_  
\_\_\_\_\_ OPERATOR \_\_\_\_\_ CDL/CLASS \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

REFERRED BY \_\_\_\_\_

DATE AVAILABLE TO START \_\_\_\_\_ MINIMUM ACCEPTABLE SALARY \_\_\_\_\_

JOB RELATED SKILLS \_\_\_\_\_

ARE YOU CURRENTLY ON "LAY OFF" STATUS AND SUBJECT TO RECALL? \_\_\_\_\_

DOES THE CITY OF BUSHNELL EMPLOY ANY RELATIVE (BY BLOOD OR MARRIAGE) OR COHABITANT OF YOURS? \_\_\_\_\_ IF YES, GIVE NAME AND RELATIONSHIP \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF BUSHNELL PRIOR TO THIS APPLICATION? \_\_\_\_\_ IF SO, WHEN \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? \_\_\_\_\_ (proof of citizenship status will be required upon employment)

HOBBIES AND INTERESTS \_\_\_\_\_

DO YOU PARTICIPATE IN ANY CLUB, ORGANIZATION OR PROFESSIONAL MEMBERSHIPS? \_\_\_\_\_

DO YOU HOLD A FLORIDA READY TO WORK CERTIFICATE? \_\_\_\_\_ IF SO LEVEL? \_\_\_\_\_



**EMPLOYMENT HISTORY, BEGIN WITH MOST RECENT**

NAME & ADDRESS	FROM MON YR	TO MON YR	DETAIL WORK YOU DID	ENDING SALARY	REASON YOU LEFT
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PHONE # \_\_\_\_\_ CONTACT \_\_\_\_\_

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PHONE # \_\_\_\_\_ CONTACT \_\_\_\_\_

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PHONE # \_\_\_\_\_ CONTACT \_\_\_\_\_

INDICATE WHO YOU DO NOT WISH US TO CONTACT? \_\_\_\_\_

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CERTIFICATION: I AM AWARE THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS, OR MISREPRESENTATIONS MAY DISQUALIFY ME FOR EMPLOYMENT CONSIDERATION AND IF I AM HIRED, MAY BE GROUNDS FOR TERMINATIONS AT A LATER DATE. I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED AS ALLOWED BY LAW. I CONSENT TO THE RELEASE OF INFORMATION ABOUT MY ABILITY AND FITNESS FOR EMPLOYMENT BY EMPLOYERS, SCHOOLS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND ORGANIZATIONS OR INVESTIGATORS, PERSONNEL STAFF, AND OTHER AUTHORIZED EMPLOYEES OF THE CITY OF BUSHNELL FOR EMPLOYMENT PURPOSES. I UNDERSTAND THAT APPLICATIONS SUBMITTED FOR EMPLOYMENT ARE PUBLIC RECORDS. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE AND CORRECT, AND MADE IN GOOD FAITH.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CITY OF BUSHNELL, FLORIDA**

SUPPLEMENT TO EMPLOYMENT APPLICATION VETERANS' PREFERENCE IN APPOINTMENT AND RETENTION IN EMPLOYMENT RULE, CHAPTER 55A-7 OF THE FLORIDA ADMINISTRATIVE CODE:

DO YOU WISH TO CLAIM VETERANS' PREFERENCE IN ACCORDANCE WITH THE ABOVE CAPTIONED RULE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE COMPLETE THE FOLLOWING QUESTIONS, DATE AND SIGN THIS SUPPLEMENT. IF NO, INDICATE SAME, DATE AND SIGN SUPPLEMENT.

HAVE YOU CLAIMED VETERANS' PREFERENCE WITH AN EMPLOYER SINCE OCTOBER 1, 1987: \_\_\_\_\_ YES \_\_\_\_\_ NO

WERE YOU EMPLOYED BY THE CITY OF BUSHNELL PRIOR TO ENTERING THE MILITARY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_  
\_\_\_\_\_

DATE OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

ARE YOU A DISABLED VETERAN WHO HAS SERVED ACTIVE DUTY AND WHO HAS A PRESENTLY EXISTING SERVICE CONNECTED DISABILITY, WHICH IS COMPENSABLE UNDER PUBLIC LAWS ADMINISTERED BY THE VETERANS' ADMINISTRATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU A DISABLED VETERAN WHO HAS AN EXISTING SERVICE CONNECTED DISABILITY FOR WHICH YOU ARE RECEIVING COMPENSATION, DISABILITY RETIREMENT BENEFITS OR PENSION BY REASON OF PUBLIC LAWS ADMINISTERED BY THE VETERANS ADMINISTRATION OR DEPARTMENT OF DEFENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU A VETERAN OF ANY WAR WHO HAS SERVED ON ACTIVE DUTY FOR 180 CONSECUTIVE DAYS OR MORE OR WHO HAS SERVED 180 CONSECUTIVE DAYS OR MORE SINCE JANUARY 31, 1955? \_\_\_\_\_ YES \_\_\_\_\_ NO

THE DATES OF MY MILITARY SERVICE WERE FROM \_\_\_\_\_ TO \_\_\_\_\_ AND THE BRANCH OF MILITARY SERVICE WAS \_\_\_\_\_

WERE YOU SEPERATED FROM THE MILITARY SERVICE OF THE UNITED STATES WITH AN HONORABLE DISCHARGE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WERE YOU EVER CLASSIFIED BY ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES AS A DESERTER? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU THE SPOUSE OF ANY PERSON WHO HAS A TOTAL AND PERMENANT SERVICE CONNECTED DISABILITY AND WHO, BECAUSE OF THIS DISABILITY, CANNOT QUALIFY FOR EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU THE UNREMARRIED WIDOW OF A VETERAN WHO DIED OF A SERVICE CONNECTED DISABILITY? \_\_\_\_\_ YES \_\_\_\_\_ NO

I UNDERSTAND THAT AN APPLICANT ELEGIBLE FOR THE VETERANS' PREFERENCE WHO BELIEVES HE OR SHE WAS NOT AFFORDED EMPLOYMENT PREFERENCE IN ACCORDANCE

WITH THE ABOVE CAPTIONED RULE MAY FILE A COMPLAINT WITH THE FLORIDA DIVISION OF VETERANS AFFAIRS, P.O. BOX 1437, ST. PETERSBURG, FLORIDA 33731, REQUESTING AN INVESTIGATION. WHEN NOTICE OF A HIRING DECISION IS GIVEN BY A COVERED EMPLOYER, THE COMPLAINT SHALL BE FILED WITHIN 21 CALENDAR DAYS FROM THE DATE THE NOTICE IS RECEIVED BY THE APPLICANT. WHEN NOTICE OF A HIRING DECISION IS NOT GIVEN BY THE COVERED EMPLOYER, THE COMPLAINT MAY BE FILED AT ANY TIME BY THE APPLICANT. I FURTHER UNDERSTAND THAT IF THE FLORIDA DIVISION OF VETERANS' AFFAIRS FINDS THE COMPLAINT TO BE VALID AND THE COMPLAINANT AND THE EMPLOYER FAIL TO REACH A SATISFACTORY RESOLUTION, THE COMPLAINANT MAY PETITION THE PUBLIC EMPLOYEES RELATIONS COMMISSION FOR A HEARING.

I UNDERSTAND WHEN CLAIMING VETERANS' PREFERENCE I AM RESPONSIBLE FOR PROVIDING REQUIRED DOCUMENTATION AT THE TIME OF MAKING AN APPLICATION FOR A VACANT POSITION. DOCUMENTATION FOR VETERANS' PREFERENCE SHALL INCLUDE THE FOLLOWING:

1. VETERANS, DISABLED VETERANS, AND SPOUSES OF DISABLED VETERANS SHALL FURNISH A DEPARTMENT OF DEFENSE DOCUMENT, COMMONLY KNOWN AS FORM DD-214 OR MILITARY DISCHARGE PAPERS, OR EQUIVILANT CERTIFICATION FROM THE VETERANS ADMINISTRATION, LISTING MILITARY STATUS, DATES OF SERVICE AND DISCHARGE TYPE;
2. DISABLED VETERANS SHALL ALSO FURNISH A DOCUMENT FROM THE DEPARTMENT OF DEFENSE, THE VETERANS ADMINISTRATION, OR THE DIVISION OF VETERANS AFFAIRS CERTIFYING THAT THE VETERAN HAS A SERVICE CONNECTED DISABILITY;
3. SPOUSES OF DISABLED VETERANS SHALL ALSO FURNISH EITHER A CERTIFICATION FROM THE DEPARTMENT OF DEFENSE OR THE VETERANS ADMINISTRATION THAT THE VETERAN IS TOTALLY AND PERMANENTLY DISABLED OR AN IDENTIFICAITON CARD ISSUED BY THE DIVISION OF VETERANS AFFAIRS; SPOUSES SHALL ALSO FURNISH EVIDENCE OF MARRIAGE TO THE VETERAN AND A STATEMENT THAT THE SPOUSE IS STILL MARRIED TO THE VETERAN AT THE TIME OF THE APPLICATION FOR EMPLOYMENT; THE SPOUSE SHALL ALSO SUBMIT PROOF THAT THE DISABLED VETERAN CANNOT QUALIFY FOR EMPLOYMENT BECAUSE OF THE SERVICE CONNECTED DISABILITY;
4. SPOUSES OF PERSONS ON ACTIVE DUTY SHALL FURNISH A DOCUMENT FROM THE DEPARTMENT OF DEFENSE OF THE VETERANS ADMINISTRATION CERTIFYING THAT THE PERSON ON DUTY IS LISTED AS MISSING IN ACTION, CAPTURED IN THE LINE OF DUTY, OR FORCIBLY DETAINED OR INTERNED IN THE LINE OF DUTY BY A FOREIGN GOVERNMENT OR POWER; SUCH SPOUSES SHALL ALSO FURNISH EVIDENCE OF MARRIAGE AND A STATEMENT THAT THE SPOUSE IS MARRIED TO THE PERSON ON ACTIVE DUTY AT THE TIME OF THAT APPLICATION FOR EMPLOYMENT;
5. THE UNREMARRIED WIDOW OR WIDOWER OF A DECEASED VETERAN SHALL FURNISH A DOCUMENT FROM THE DEPARTMENT OF DEFENSE OR THE VETERANS ADMINISTRATION CERTIFYING THE SERVICE CONNECTED DEATH OF THE VETERAN, AND SHALL FURTHER FURNISH EVIDENCE OF MARRIAGE AND A STATEMENT THAT THE SPOUSE IS NOT REMARRIED;
6. SPOUSES OF PERSONS ELIGIBLE TO CLAIM PREFERENCE UNDER SECTION 55A-7.008 (2) SHALL FURNISH CERTIFICATION FROM THE VETERANS ADMINISTRATION THAT THE VETERAN HAS A SERVICE CONNECTED DISABILITY;
7. ALL DOCUMENTS SPECIFIED IN THIS SECTION MUST CLEARLY INDICATE THAT THEY ARE ORIGINALS OR CERTIFIED COPIES OF ORIGINALS.

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SIGNATURE OF APPLICANT

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DATE

**ALL APPLICANTS MUST SIGN ACKNOWLEDGING AVAILABILITY OF THE VETERANS PREFERENCE EMPLOYMENT POLICY.**

**CERTIFICATE AND AFFIDAVIT  
PERSONAL INQUIRY WAIVER**

APPLICANT'S FULL NAME \_\_\_\_\_

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE CITY OF BUSHNELL ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING MY WORK RECORD, SCHOOL RECORD, MILITARY RECORD AND MY REPUTATION.

ANY AND ALL INFORMATION REQUESTED BY THE CITY OF BUSHNELL WILL BE USED TO ASSIST IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR EMPLOYMENT.

I HEREBY RELEASE YOU, YOUR ORGANIZATION, YOUR AGENTS, THE CITY OF BUSHNELL AND/OR ANY OTHER PERSON FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED BY THE CITY OF BUSHNELL.

I HAVE EXECUTED THIS CERTIFICATE AND AFFIDAVIT WITH MY OWN FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREFORE.

A PHOTOCOPY OF THIS RELEASE SHALL BE CONSIDERED THE SAME AS THE ORIGINAL.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

*"This institution is an equal opportunity provider and employer."*

*"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*