



City of Anna Maria

Employment Application

10005 Gulf Drive, PO Box 779
Anna Maria, FL 34216

APPLICANT INFORMATION				
Last Name		First		M.I. Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Date Available		Driver's License #		Desired Salary
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Have you ever been charged or convicted with a DUI?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain. Include the Date and Disposition of Charge. (Use additional paper, if needed)
Item No.	Date: (Mo./Yr.)	Explanation		Mailing Address
Name of, Police, Court, or Federal Agency				
		City	State	Zip Code
Are you now under charges for any violation of law?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes explain. Include the Date and Disposition of Charge. (Use additional paper, if needed)
Item No.	Date: (Mo./Yr.)	Explanation		Mailing Address
Name of, Police, Court, or Federal Agency				
		City	State	Zip Code
Have you ever been charged or convicted of, or charged with a felony violation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
(Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.) (Use additional paper, if needed)				
Item No.	Date: (Mo./Yr.)	Explanation		Mailing Address
Name of, Police, Court, or Federal Agency				
		City	State	Zip Code
During the last 10 years have you been convicted, been imprisoned, been on probation, or been on parole?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Item No.	Date: (Mo./Yr.)	Explanation		Mailing Address
Name of, Police, Court, or Federal Agency				
		City	State	Zip Code

AVAILABILITY

When can you start work?	Month:	Year:
Are you willing to work:		
40 hours per week (full-time)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25-32 hours per week (part-time)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17-24 hours per week (part-time)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16 or fewer hours per week (part-time)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
An intermittent job (on call/seasonal)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Weekends, shifts, or rotating shifts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Holidays?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references who are not related to you.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PREVIOUS EMPLOYMENT

May we contact your present employer? YES NO

Please list your current or most related job first and work backwards, describing each job you held during the past 10 years, fill in all the blanks. (Use additional paper if needed)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------