CITY OF BRISTOL, FLORIDA

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		Date of Application:		
Name:				
Last	First	Mic	Middle	
Address:				
Street	(Apt)	City/State	Zip	
Mailing Address if dif	ferent from above	City/State	Zip	
Contact information: ()				
потте те	lephone Cell Phone	Email		
Do you possess a valid FL Drivers Li				
Do you currently own or have acce	_		-	
Are you a U.S. Citizen? If no, do you possess an I-151 Card				
Are you a veteran?	ann 331 cara or ann 34 car	a stamped Employment	Authorized :	
Have you ever been convicted of a	criminal offense?	If yes, please explain:		
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		Availahle Start	Date:	
POSITION SOUGHT:		Available Start		
POSITION SOUGHT: Desired Pay Range:		re you currently emp		

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 profess	sional or occupational certificat	es or registrations which you cu	urrently hold:
Are you currently a No	otary Public?		
-	n performing the above le: somewhat familiar with	<u>-</u>	•
Other Training:			
List below any cour	ses, seminars, workshops,	, conferences, or other trai	ining that is especially
relevant in preparir	ng you for this position. Pl	ease list only relevant cou	rses and give complete
and meaningful info	ormation so your training	can be fairly evaluated (Co	ourse title, length,
content, etc):			

EMPLOYMENT HISTORY:

Please list beginning from most recent:

Dates Employed	Company Name	Location	Role/Title
Supervisor:		Contact Ph:	
MAY WE CONTACT THIS	EMPLOYER?		
Job notes, tasks perf	formed, and reason for leav	ving:	
=======================================	:============	=======================================	=======================================
Dates Employed	Company Name	Location	Role/Title
Supervisor:		Contact Ph:	
MAY WE CONTACT THIS	EMPLOYER?		
Job notes, tasks perf	formed, and reason for leav	/ing:	
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Dates Employed	Company Name	Location	Role/Title
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		Contact Ph:	
MAY WE CONTACT THIS	SEMPLOYER?		
Job notes, tasks per	formed, and reason for leav	ing:	
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Dates Employed	Company Name	Location	Role/Title
			•
Supervisor:		Contact Ph:	
MAY WE CONTACT THIS	S EMPLOYER?		
Job notes, tasks per	formed, and reason for leav	ing:	
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Please list three (3) personal references not related to you whom you have known at least one year:

Name	Address/Business/Phone	Years Acquainted

Do you currently have a relative(s)	working for the City of Bristol or currently serving on the
Bristol City Council?	If so, please list name(s), relationship, and if applicable,
list department and position held:	

Return Application to:
Robin M. Hatcher, City Clerk
City of Bristol
12444 NW Virginia G. Weaver Street
P.O. Box 207
Bristol, Florida 32321

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

THE CITY OF BRISTOL IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER/FAIR HOUSIING/HANDICAP ACCESSIBLE/DRUG-FREE/SMOKE-FREE WORKPLACE.

NON-DISCRIMINATION STATEMENT "The City of Bristol is an equal opportunity provider and employer"

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint-filiing-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.

^{*}Veterans' preference shall be given to eligible veterans in accordance with existing State Laws.