



Crossroads of Flagler County

**CITY OF BUNNELL, FLORIDA**

PO Box 756  
Bunnell, FL 32110-0756  
Telephone: 386-437-7500  
Fax: 386-437-7503

**APPLICATION FOR EMPLOYMENT**

Received by: \_\_\_\_\_

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

**Important Instructions:** Type or handprint neatly in ink only. Fill in every blank line or box. If a blank line or box doesn't apply, enter "NA," or if you have no comment, enter "NC." A resume may be submitted with your completely filled-out Application for Employment form. Do **not** write "See Resume" in any of the blank lines or boxes. Submit application to the HR Department.

Position applied for: \_\_\_\_\_

**APPLICANT'S FULL NAME:** \_\_\_\_\_

Desired wages/salary: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Have you ever used a different first name, last name, or any nickname? Yes\_\_ No\_\_

If yes, please list names used: \_\_\_\_\_

Applicant's home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you learn about this job opening? \_\_\_\_\_

Are you 18 years old or older? Yes\_\_ No\_\_

Can you legally hold a job in the USA? Yes\_\_ No\_\_

Are you currently employed? Yes\_\_ No\_\_

If not currently employed, were you laid off and/or subject to re-call? Yes\_\_ No\_\_

May we contact your current employer? Yes\_\_ No\_\_

Have you ever worked for the City of Bunnell before? If so, when? \_\_\_\_\_ Yes\_\_ No\_\_

Have you ever been arrested? Yes\_\_ No\_\_

If yes, please provide details below or attach detailed documentation including date(s), crime(s), disposition(s), probation(s), and location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Crossroads of Flagler County

Job Applicant's full name: \_\_\_\_\_

**DRIVERS LICENSE**

Do you have a valid Florida Driver's License? Yes\_\_ No\_\_  
What Class of Driver's License do you have? Hardship? CDL? \_\_\_\_\_  
Endorsements? \_\_\_\_\_

**MILITARY SERVICE N/A\_\_**

Have you ever served in the US Army\_\_, Air Force\_\_, Navy\_\_, Marines\_\_, Coast Guard\_\_, or National Guard\_\_?

Are you currently in the National Guard or Reserves? Yes\_\_ No\_\_

What is your discharge? Honorable\_\_ Dishonorable\_\_ Other than Honorable\_\_

What Rank/ Grade did you achieve (E-2, O-2 etc.)? \_\_\_\_\_

What was your Primary Specialty(communications, infantry, supply, medic, etc.)? \_\_\_\_\_

Are you claiming Veteran's Preference (attach DD Form 214) Yes\_\_ No\_\_

**EDUCATION**

Level	Name of School	Number of Years	Diploma/ Degree	Type of Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Voc-Ed	_____	_____	_____	_____

**PROFESSIONAL/ VOCATIONAL CERTIFICATION(S) / LICENSE(S)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**SPECIAL SKILLS**

List any applicable special skills, such as machine operations, pipe laying, computer programs you're proficient at, electrical, operate tractor mower, crime investigation, construction inspection, HazMat training, conflict resolution, administration, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Crossroads of Flagler County

Job Applicant's full name: \_\_\_\_\_

**REFERENCES**

Do not list former employers, people related to you, or people you have known less than one year.

Name	City/State of Residence	Telephone & Email	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RESUMES**

I have a resume which is attached for consideration. Yes\_\_ No\_\_

**OTHER PERTINENT COMMENTS OR REMARKS**

Be all-inclusive. You may refer to attached/included documents. Include social as well as work matters.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIRMATION OF APPLICANT**

I certify that all information in this Application for Employment, including all attachments, is true and complete; and I understand that if any false information, omissions, or misrepresentations are discovered I may be rejected from potential employment, and if employed this is grounds for termination. In consideration of the employment applied for, I agree to conform to the City's rules, regulations, and policies. I understand that Florida is a "right to work" state; and, therefore, my employment and compensation can be terminated with or without cause at either my option or the City's option.

Applicant's Signature: \_\_\_\_\_

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



Crossroads of Flagler County

Job Applicant's full name: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with your current, or most recent, job and list all former employers for the last 10 years of work history. If you need more space, photocopy the last page before.

**CURRENT OR MOST RECENT JOB**

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Dates Worked (Mo/Year): Start: \_\_\_\_\_ End: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Summarize the work you did/do: \_\_\_\_\_

Final Wage/Salary: \$ \_\_\_\_\_ per hour. Hourly: \_\_ Salary: \_\_

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

**NEXT MOST RECENT JOB**

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Dates Worked (Mo/Year): Start: \_\_\_\_\_ End: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Summarize the work you did/do: \_\_\_\_\_

Final Wage/Salary: \$ \_\_\_\_\_ per hour. Hourly: \_\_ Salary: \_\_

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



Crossroads of Flagler County

Job Applicant's full name: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with your current, or most recent, job and list all former employers for the last 10 years of work history. If you need more space, photocopy the last page before.

**NEXT MOST RECENT JOB**

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Dates Worked (Mo/Year): Start: \_\_\_\_\_ End: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Summarize the work you did/do: \_\_\_\_\_

Final Wage/Salary: \$ \_\_\_\_\_ per hour. Hourly: \_\_ Salary: \_\_

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

**NEXT MOST RECENT JOB**

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Dates Worked (Mo/Year): Start: \_\_\_\_\_ End: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Summarize the work you did/do: \_\_\_\_\_

Final Wage/Salary: \$ \_\_\_\_\_ per hour. Hourly: \_\_ Salary: \_\_

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



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_

Last

First

MI

Employing agency: Bunnell Police Department P.O. Box 756, Bunnell Florida 32110

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age... Be a citizen of the United States... Be a high school graduate or equivalent... Not have been convicted of any felony... shall not be eligible for employment... Have been fingerprinted... Have passed a physical examination... Be of good moral character... Have not received a dishonorable discharge...

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 3 columns (True, False, NA) and 11 rows of statements for attestation.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public.

12. \_\_\_\_\_ Applicant's Signature 13. \_\_\_\_\_ Date Signed

14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

\*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC 58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INFORMATION: Bunnell Police Department

ADDRESS: P.O. Box 756 Bunnell Florida 32110 (1-386-437-7508)

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Background Investigator Bunnell Police Department, P.O. Box 756, Bunnell, Florida 32110

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

**OATH**

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence  OR Online Notarization  this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public – State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_