



City of Marathon EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer
The City of Marathon does not tolerate violence in the workplace.

Where to Find Vacancy Information:

- On the Internet: <https://ci.marathon.fl.us>

POSITION APPLIED FOR

Position Title: _____

Date Available: _____

Minimum Acceptable Salary: _____

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information within this application in its entirety.
- Type or print in ink.
- If you are claiming Preferred Veteran's Status, you will need to submit your DD 214 Member 4 Copy
- All information provided will be a public record and will be released upon request, unless exempt or confidential.
- Specify the position for which you are applying.
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

HOW DO WE CONTACT YOU?

Name _____

Mailing Address 1 _____

Mailing Address 2 _____

City _____ County _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

E-mail Address _____

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None
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YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: Teacher Certification, RN, LPN, PE, CPA, etc.)

LICENSE, REGISTRATION OR CERTIFICATION:

License, Registration or Certification	Number	Date Received	Expiration Date	State Licensing Agency

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)?

YES NO

**Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where convicted? _____

Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where? _____

Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where? _____

Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

CITIZENSHIP

The city of Marathon hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN?

YES NO

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING?

YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?

YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

Section 110.1128, Florida Statutes, prohibits employment by the city of Marathon (including re-hire after a break in service) of any male born after October 1, 1962, who failed to register with the Selective Service System, under the provisions of the U.S. Military Selective Service Act, during the person's period of eligibility (ages 18 through 25). Additionally, if currently employed by Marathon, this law prohibits the promotion of such person.

IF YOU ARE A MALE BORN AFTER OCTOBER 1, 1962, HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)?

YES NO Not Applicable

Florida's Veterans' Preference Law provides a structured system for veterans and eligible family members to receive preference in employment opportunities within the state. The law is codified in Chapter 295 of the Florida Statutes and applies to all public employers, including state agencies, political subdivisions, counties, municipalities, public utilities, state universities, school districts, and special taxing districts.

Eligibility for preference includes:

- Veterans who served on active duty during a wartime period and received an honorable discharge.
- Disabled veterans with an honorable discharge and a service-connected disability compensable by the U.S. Department of Veterans Affairs.
- Spouses of veterans with a total and permanent service-connected disability.
- Un-remarried widows or widowers of veterans who died from a service-connected disability.
- Mothers, fathers, or legal guardians of service members who died in the line of duty under combat-related conditions, verified by the U.S. Department of Defense.
- Public employers must notify applicants of the preference and provide information on how to file a complaint if they believe they have been denied preference. The law aims to ensure that veterans and eligible family members have meaningful opportunities for employment and to support their families.

ARE YOU CLAIMING VETERANS' PREFERENCE?

YES NO

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination 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, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of the city of Marathon government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for city 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, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____



Employer, remove this section upon completion of the selection process.

EEO SURVEY Although the following information is not mandatory, it is requested to aid the City of Marathon its commitment to Equal Employment Opportunity, Affirmative Action and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant.

RACE/ ETHNICITY (Please identify both Race and Ethnicity)

Race (CHECK ONLY ONE):

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native
- 2 or more races

Ethnicity (CHECK ONLY ONE):

- Hispanic or Latino
- Not Hispanic or Latino

SEX: MALE FEMALE

DATE OF BIRTH: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____