



*Applicant May Keep This Page For Review*

**\*\* Trade Application \*\***

City of Callaway  
6601 E. Hwy 22  
Callaway, Florida 32404  
Ph. (850)871-6000  
Fax (850)871-2444

**The City of Callaway's work week schedules are as follow:**

- City Hall Employees - Monday thru Thursday 7:00am until 6:00pm.
- Fire Department Employees - Twenty-four (24) hour shifts.
- Leisure Services Employees - Monday thru Friday 7:00am until 4:00pm.
- Planning Department Employees - Monday thru Thursday 7:00am until 6:00pm.
- Public Works and Maintenance Employees - Monday thru Thursday 6:00am until 5:00pm.

**Employees are paid bi-weekly.**

**EMPLOYEE BENEFITS**

**Health Insurance - (BCBS)** Benefits begin the 1<sup>st</sup> day of the month after a 30 day period.  
Coverage for employee is \$69.14 or \$39.14 per month.  
Employee & spouse is \$238.53 or \$135.04 per month.  
Employee & children is \$216.63 or \$122.65 per month.  
Employee & family is \$365.86 or \$207.13 per month.

**Dental Insurance - (The Standard)** Benefits begin the 1<sup>st</sup> day of the month after a 30 day period.  
Coverage for employee is \$28.68 per month.  
Employee & spouse is \$61.28 per month.  
Employee & children is \$70.51 per month.  
Employee & family is \$96.80 per month.

**Short Term Disability-** Benefits begin the 1<sup>st</sup> day of the month after a 30 day period.  
Benefits begin after the 8<sup>th</sup> day of a non-work-related illness or injury for a maximum of 26 weeks.

**Life Insurance -** Benefits begin 1<sup>st</sup> day of the month after a 30 day period.  
\$15,000 on employee; \$57,500 on employee (in line of duty)

**Florida Retirement System** - Details available upon request

**Wellness Program** - Fitness Program available after 30 days of employment.

**Vacation Time Earned:**

	PER PAY PERIOD	
	<u>General Employees</u>	<u>Fire Department</u>
1 <sup>st</sup> Year:	Two (2) Hours	2.4 Hours
2 - 5 Yrs:	Four (4) Hours	4.8 Hours
5 - 10 Yrs:	Five (5) Hours	6.0 Hours
Over 10 Yrs:	Six (6) Hours	7.2 Hours

**Sick Leave:** Four (4) Hours 4.8 Hours

<b>**Holidays:</b>	New Year's Day	Martin Luther King's Birthday
	Memorial Day	Independence Day
	Labor Day	Veterans Day
	Thanksgiving Day	***Friday after Thanksgiving Day
	***Christmas Eve	Christmas Day

\*\*\*Leisure Services Department and Fire Department Employees **only**.

\*\*Please note: If you work a four (4) day work week or 24 hour shift holiday pay is ten (10)hours.

If you work a five (5) day work week holiday pay is eight (8) hours.

# Application for Employment



CITY OF CALLAWAY  
6601 E. HIGHWAY 22  
CALLAWAY, FL 32404  
(850) 871-6000

**“The City of Callaway is an equal opportunity provider and employer.”**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status

(  
*PLEASE PRINT*)

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source: Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In \_\_\_\_\_  
Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

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

Number

Street

City

State

Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area Code

Number

Have you filed an application or been employed here before? If so, when? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

Do you have any relatives employed by this City? \_\_\_\_\_ If yes, give their name and relationship: \_\_\_\_\_

Name

Relationship

Are you prevented from becoming employed because of Visa or Immigration status? \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

Times Available for Work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_

Acceptable starting salary: \_\_\_\_\_

List name, address and telephone number of three (3) references - not previous employers or anyone related to you :

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Are you a veteran of the U.S. Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Branch \_\_\_\_\_ Date & Type of Discharge: \_\_\_\_\_

What equipment experience do you have? \_\_\_\_\_

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Valid Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_

List professional trade certification or special training you hold, and date acquired:

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Other pertinent information: \_\_\_\_\_

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**MEDICAL DATA:**

Do you have any physical or mental condition which may limit your ability to perform the job applied for? (Note: Employment may be contingent upon the satisfactory completion of a medical examination) \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Detail: \_\_\_\_\_

**ADDITIONAL PERSONAL DATA:**

Are you at least 18 and less than 70 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

List professional organizations or associations. (Do not include those which indicate race, religion, color, sex, marital status, handicap, national origin, ancestry or political affiliation of its members.)

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Special Interests and Hobbies: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE FOR THE LAST 10 YEARS** - Explain any gaps of employment. Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** "See Resume" is INCOMPLETE.

Employer	Telephone #	Date Employed From/To	Work Performed
Address			
Job Title		Hourly Rate/Salary Start/Final	
Supervisor			
Reason for leaving			
Employer	Telephone #	Date Employed From/To	Work Performed
Address			
Job Title		Hourly Rate/Salary Start/Final	
Supervisor			
Reason for Leaving			
Employer	Telephone #	Date Employed From/To	Work Performed
Address			
Job Title		Hourly Rate/Salary Start/Final	
Supervisor			
Reason for leaving			

Special Skills and Qualifications: Summarize special skills and qualifications required from employment or other experience: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE FOR THE LAST 10 YEARS - Continued**

<u>Employer</u> _____	<u>Telephone #</u>	<u>Date Employed</u> <u>From/To</u>	<u>Work Performed</u>
<u>Address</u>			
<u>Job Title</u>		<u>Hourly Rate/Salary</u> <u>Start/Final</u>	
<u>Supervisor</u>			
<u>Reason for leaving</u>			
<u>Employer</u> _____	<u>Telephone #</u>	<u>Date Employed</u> <u>From/To</u>	<u>Work Performed</u>
<u>Address</u>			
<u>Job Title</u>		<u>Hourly Rate/Salary</u> <u>Start/Final</u>	
<u>Supervisor</u>			
<u>Reason for Leaving</u>			
<u>Employer</u> _____	<u>Telephone #</u>	<u>Date Employed</u> <u>From/To</u>	<u>Work Performed</u>
<u>Address</u>			
<u>Job Title</u>		<u>Hourly Rate/Salary</u> <u>Start/Final</u>	
<u>Supervisor</u>			
<u>Reason for leaving</u>			
<u>Employer</u> _____	<u>Telephone #</u>	<u>Date Employed</u> <u>From/To</u>	<u>Work Performed</u>
<u>Address</u>			
<u>Job Title</u>		<u>Hourly Rate/Salary</u> <u>Start/Final</u>	
<u>Supervisor</u>			
<u>Reason for leaving</u>			

# EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe course of Study:				
Describe Special Training, Apprenticeship.				
Skills and Other Curricular Activities				

Honors Received: State any additional information you feel may be helpful to us in considering your application.

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks:

Request Background Check \_\_\_\_\_

Employed Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

Name/Title

Date

**ADDENDUM TO APPLICATION FOR EMPLOYMENT**

I, the undersigned applicant for employment with the City of Callaway, do hereby consent to the administration of a drug screen test(s). Said test(s) will be administered by or under the direction of an individual licensed to perform laboratory services and shall be a condition of my employment with the City.

I further understand and acknowledge that I shall be under an obligation to advise the laboratory performing such test(s), prior to its administration, of any and all drugs, alcohol, or substance which I may have ingested which may result in a positive indication during the testing process.

I FURTHER UNDERSTAND THAT THE USE OF INTOXICATING BEVERAGES DURING WORKING HOURS OR THE USE OF ANY CONTROLLED SUBSTANCE IN AN UNLAWFUL MANNER DURING THE TERM OF MY EMPLOYMENT SHALL CONSTITUTE GROUNDS FOR DISCIPLINE AND/OR DISMISSAL.

In the event the testing laboratory shall receive any inconclusive results, I hereby consent to the further test deemed necessary by the laboratory in their sole discretion to validate or invalidate the inconclusive results.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

## SECURITY AND PRIVACY ACT WAIVER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE OF BIRTH \*

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
HEIGHT / WEIGHT / COLOR OF EYES

I hereby authorize your organization to release any and all requested information of a confidential and/or privileged nature from your files to the City Clerk's office of the City of Callaway, Florida, to include photostatic copies if required.

\* "The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age."

I understand that this information will be used to determine my qualifications for the position for which I have applied. I further understand and also realize that the information so released will be held in strictest confidence and may prove unfavorable to my being selected for the position.

I therefore release your organization and/or designated representative from any liability resulting from the disclosure of this confidential and privileged information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Sworn to and subscribed before me:

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

Commission Expires: \_\_\_\_\_