



CITY OF STARKE

209 North Thompson Street
 PO Drawer C
 Starke, FL 32091
 Office: (904) 964-5027
 Fax: (904) 966-0584

Position Applied for

Date

Full Name

Last

First

MI

Address

Street Address

Apartment/Unit#

City

State

Zip Code

Phone

Email

Social Security No

Driver License #

Are you legally eligible to work in the U.S.?

Yes

No

Have you ever worked for the City of Starke?

Yes

No

If yes, when?

Have you ever been convicted of a felony?

Yes

No

If yes, explain

Education

High School

Address

From

To

Did you graduate? Yes

No

College

Address

From

To

Did you graduate? Yes

No

Degree

Other

Address

From

To

Did you graduate? Yes

No

Degree

Employment History

Employer Job Title Dates Employed

Address State Zip Code

Work Phone Pay Rates

Duties Performed

Reason for Leaving

Supervisors Name and Title

May we contact? Yes No

Employer Job Title Dates Employed

Address State Zip Code

Work Phone Pay Rate

Duties Performed

Reason for Leaving

Supervisors Name and Title

May we contact? Yes No

Employer

Job Title

Dates Employed

Address

State

Zip Code

Work Phone

Pay Rate

Duties Performed

Reason for Leaving

Supervisors Name and Title

May we contact?

Yes

No

I certify that answers given herein are true and complete.

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

This application is for employment shall be considered active for a period of time not to exceed 120 days. 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.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

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.

Type Full Name: :

Please submit a cover letter and resume with your job application.