PART TIME ATTENDANT – PUBLIC SERVICES

The City of Dunnellon is accepting applications for Part-time City Beach Attendants. Duties will include opening and closing of beach area, collecting admission, overall park maintenance including grounds and restrooms. Eligible candidates must have a valid FL Driver’s License. Starting pay is $8.25 per hour. Obtain job description and submit City of Dunnellon Employment Application to City Clerk, 20750 River Drive, Dunnellon, FL 34431 (352) 465-8500. Download App at www.dunnellon.org. Electronic applications/resumes not accepted. Position open until filled. EOE, DFWP.
City of Dunnellon  
Public Works Department, Parks and Recreation Division  
City Beach Park Attendant

Created: May 2001  
Amended: September 7, 2018  
Pay Grade: $8.25/Hr

Major Function:

Under the general direction of the Streets and Roads Public Services Supervisor this position maintains cleanliness and general maintenance of the facilities at the City Beach and other park facilities. Work is reviewed through direct observation and through evaluation of results obtained. Perform other work as requested. Weekend work is required.

Essential Job Functions:

1. Helps enforce beach area rules and regulations and maintains order. Communicates with the public in a clear, courteous manner to insure understanding and enforcement of facility rules and regulations.

2. Maintains restroom and picnic areas, checks these areas for cleanliness and usability. Keep grounds clean and free of trash. Ensure that restrooms are thoroughly cleaned daily and are supplied with paper products as needed.

3. Collects daily admission fees to swimming area. Is responsible for money collected and turns money in to the Public Services office daily. Receives receipt of money turned in and keeps daily log of totals.

4. Unlocks and cleans the restrooms each morning located at Ernie Mills Park and the Boat Ramp. Also ensures that there is sufficient paper products placed in each restroom.

Nonessential Job Functions:

1. May need to call for police or emergency medical help if circumstances require such assistance.

2. Provides additional minor maintenance as required.

Physical completion of each essential job function:

1. Visually watches over beach and picnic areas to detect violators of beach area rules and regulations. Advises violators of the rules and asks them to adhere to
the rules. If person(s) fail to comply with request, contact Police Department by cell phone provided and request assistance. Does not become engaged in a verbal dispute with anyone.

2. Visually or audibly identifies rowdy or unruly patrons. Assesses the situation and identifies the most appropriate method to handle the situation.

**Work Environment:**

1. Duties are performed at the City’s Public Beach facility.

2. Usually works alone. Has support of the Public Works Department and Police Department personnel during the week and the Police Department personnel during the weekend.

3. Utilizes cell phone for communication.

4. Performs assigned tasks in all weather conditions. If weather is unsafe for swimming due to lightening, strong rains, or wind, beach attendant maybe asked to secure the beach and leave early.

**Customer Service:**

Has direct contact with the public, usually in person. Must communicate clearly and courteously to the public and with fellow employees.

**Minimum Experience/ Skills:**

One year minimum experience dealing with the general public/customer service preferred; or an equivalent combination of training and experience, which provides the required knowledge, abilities, and skills.

**Minimum Qualifications:**

Must have the ability to count money and make change. Must be able to stand for and work for long periods of time and be able to work in the outdoor heat during the summer months. Must be able to lift approximately 25 lbs in order to empty trash cans, remove tree limbs and debris from beach area and transport to dumpster in upper parking lot. Must be able to communicate clearly and concisely both orally and in writing. Must be able to establish and maintain an effective relationship with the public as well as with fellow employees.

**Required Dress:**

Uniforms and equipment as supplied by the City. Hard soled, leather work shoes provided by the employee. No sandals or flip flops.
Professional Licenses:

1. Must have and maintain a valid Florida Class “E” Driver License.

Residency Requirement: Not applicable.

Safety Equipment: Not applicable.

City Vehicles: May be required to drive city vehicles in the performance of duties. Some positions require the use of personal or City vehicles on City business. Individuals must be physically capable of operating the vehicles safely, possess a valid Florida driver’s license and have an acceptable driving record. Use of a personal vehicle for City business will be prohibited if the employee is not authorized to drive a City vehicle or if the employee does not have personal insurance coverage.

Note:

This job description is intended to be an accurate reflection of the current job. It is not necessarily an exhaustive list of all responsibilities, skills, duties, requirements, efforts, or working conditions associated with the job. Management reserves the right at any time to modify the job requirements or to require that other or different tasks be performed when circumstances dictate (i.e. emergencies, changes in personnel, workload, rush jobs, or technological developments).

Received and Reviewed:

_____________________________  _______________________
Employee Signature                    Date

_____________________________  _______________________
Supervisor/Department Head Signature        Date

_____________________________  _______________________
Supervisor/Personnel Director                       Date
APPLICANTS

City of Dunnellon is an Equal Opportunity Employer. The City of Dunnellon is dedicated to a policy of nondiscrimination on any basis including race, color, religion, age, sex, marital status, national origin, political affiliation, or disabled status. If a reasonable accommodation, help or assistance is needed, please contact the City Clerk’s Office.

We appreciate your interest in seeking employment with the City of Dunnellon. A clear understanding of your background and work experience will aid us in considering you for the position that best meets your qualifications. Please fully complete all sections, leaving no gaps in your employment record. Failure to provide us a complete application may result in your application not being considered.

This application is the first impression the City of Dunnellon has of you as a potential employee. It gives us information regarding you and your background, as well as information regarding your ability to follow instructions.

1. Your application must be legible; please print or type.
2. All addresses and phone numbers must be complete. These are used to contact previous employers and verify references.
3. Applications are active for sixty days after completion by an applicant. An applicant wishing to be considered for another position after the sixty days must file a new application.

The immigration Reform and Control Act of 1986 requires that all individuals applying for work in the State of Florida provide proof of work authorization. A list of acceptable documents you may select from is listed on the back of this page. Required to be provided at the time for hire only.

IMPORTANT

Applicants are conditionally hired based on the successful completion of a post offer physical including a drug screen test; a background investigation; a motor vehicle report (for positions requiring a drivers license); reference check; and a physical agility demonstration (for positions requiring certain physical requirements.) Job offers may be withdrawn due to the applicant’s failure to successfully complete any of the above post offer requirements. An applicant who is otherwise qualified to perform the job applied for will not be discriminated against on the basis of a disability.

Applicants selected to fill a vacant position are required to provide two forms of identification from the “List of Acceptable Documents” listed on page two.

Our most valuable asset is a well-trained, dedicated staff working as a team to meet any city challenge.

www.dunnellon.org
# Lists of Acceptable Documents

All documents must be unexpired

**List A**
Documents that Establish Both Identity and Employment Authorization

| 1. U.S. Passport or U.S. Passport Card |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa |
| 4. Employment Authorization Document that contains a photograph (Form I-766) |
| 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI |

**List B**
Documents that Establish Identity

| 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address |
| 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address |
| 3. School ID card with a photograph |
| 4. Voter's registration card |
| 5. U.S. Military card or draft record |
| 6. Military dependent's ID card |
| 7. U.S. Coast Guard Merchant Mariner Card |
| 8. Native American tribal document |
| 9. Driver's license issued by a Canadian government authority |
| 10. School record or report card |
| 11. Clinic, doctor, or hospital record |
| 12. Day-care or nursery school record |

**List C**
Documents that Establish Employment Authorization

| 1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 5. Native American tribal document |
| 6. U.S. Citizen ID Card (Form I-197) |
| 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| 8. Employment authorization document issued by the Department of Homeland Security |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)
PERSONAL INFORMATION
Position ________________________________  Salary Desired:_____________  Date of Application_________
Department ________________________________________  Date available for work__________________
Name (Last)                    (First)                                 (Middle)
__________________________________________________________________________________________ E-mail Address_____________________
Address___________________________________________ Area Code & Home Phone__________________
City, State, Zip Code_________________________________ Area Code & Alternate Phone________________
Best time to contact you ______________________________________________________________________
Name and department of friends and relative(s) working for City of Dunnellon and their relationship to you:
_________________________________________________________________________________________
_________________________________________________________________________________________
Have you ever filed an application with us before? ☐ Yes ☐ No   If yes, give date _______________________
Have you ever worked for City of Dunnellon? ☐ Yes ☐ No   Where? _______________________________
When?______________________________  Supervisor ________________________________________
Are you employed now? ☐ Yes ☐ No                         May we contact your present employer? ☐ Yes ☐ No 
Are you available to work? ☐ Full-Time  (Please indicate ☐ 1 ☐ 2 ☐ 3 shift)
☐ Part-Time  (Please indicate ☐ Mornings ☐ Afternoons ☐ Evenings)
☐ Temporary  (Please indicate dates available __/__/__ - __/__/____)
Are you currently on "lay-off status and subject to recall? ☐ Yes ☐ No
Can you travel if a job requires it? ☐ Yes ☐ No
Are you a Military Veteran? ☐ Yes ☐ No
Driver’s License No. _____________________________ State: ________________ Class:_______________
Has your Driver’s License ever been suspended or revoked? ☐ Yes ☐ No
If yes please explain: _____________________________________________________________________
Have you ever been convicted, pled no contest, had adjudication withheld, or had prosecution deferred on any
misdemeanor, felony, DUI, or moving traffic violation, or do you have any of these charges pending against you
or are you currently enrolled in a pre-trial intervention program?  ☐ Yes  ☐ No

If yes, please explain fully:________________________________________________________________________________________

Note: a conviction does not necessarily prevent your application from consideration. The nature, year of your
conviction, age, number of convictions, and the job for which you are applying are all taken into consideration.
Regardless of how you answer this question, all background checks will be performed.

Are you willing to relocate your residence within a 30 minute travel distance to work if the position requires
emergency response or an “on call” non emergency service response?  ☐ Yes  ☐ No

Where did you learn about the position for which you are applying?
☐ Ocala 4 Sale  ☐ Ocala Star Banner  ☐ Citrus County Chronicle  ☐ Riverland News  ☐ Other Ad __________

☐ City Website  ☐ Employment Agency  ☐ Friend  ☐ Relative  ☐ Inquiry  ☐ Other____________________________

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

☐ Terminal  ☐ P/C  ☐ MAC  ☐ Microsoft Office Outlook - Version _______

☐ Spreadsheet - list SS software used and indicate your proficiency level on a scale of 1-5
_________________________________________________________________________________________

☐ Word Processing - WPM ______ List WP software used and indicate your proficiency level on a scale of 1-5
_________________________________________________________________________________________

List other computer hardware or software and your level of proficiency on a scale of 1-5____________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Production/Mobile Machinery (Please List) _______________________________________________________

Please list all tools and heavy equipment and your level of proficiency on a scale of 1-5 ____________________
_________________________________________________________________________________________
_________________________________________________________________________________________
**EDUCATION AND SPECIAL TRAINING**

Circle highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High school diploma or GED: □ Yes □ No

Name and address (city and state) of last high school attended:

<table>
<thead>
<tr>
<th>Name and location of vocational school training center, institute, etc.</th>
<th>Dates Attended</th>
<th>Total Months Completed</th>
<th>Courses or subjects taken.</th>
<th>Certificates given or other pertinent information.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From Mo. Yr. To Mo. Yr.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:**

<table>
<thead>
<tr>
<th>Name and location of college or university.</th>
<th>Dates attended</th>
<th>Total Months Completed</th>
<th>Grade Point Average</th>
<th>Major/minor field or program of study</th>
<th>Type of degree awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From Mo. Yr. To Mo. Yr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYMENT RECORD:** List all previous employers and **phone numbers** for the past ten (10) years. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with the present or most recent and work back. Use blank sheets if necessary. **LEAVE NO GAPS AND BE SPECIFIC IN YOUR ANSWERS.** Have you ever been terminated or asked to resign from any job? □ Yes □ No If Yes, please explain ____________________________________________________________ ____________________________________________________________ ____________________________________________ ____________________________________________________________

**Present or Most Recent Job.** Employer: ____________________________________________________________

Address: ________________________________________________________________________________________

Telephone: __________________________ Supervisor: __________________________

From: (month/yr) __________________________ To: (month/yr) __________________________ Job Title: __________________________

Hours per Week: __________________________ Starting Salary: $________________________ Per __________ Last Salary: $________________________ Per __________

Reason for Leaving: ____________________________________________________________________________

Duties: ________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
2 Previous Job. Employer: ____________________________________________
Address: ____________________________________________________________
Telephone: ____________________________ Supervisor: ______________________
From: (month/yr) __________________________ To: (month/yr) _____________________ Job Title: __________________________
Hours per Week: __________________ Starting Salary: $_________ Per___________ Last Salary: $_________ Per___________
Reason for Leaving: ________________________________________________________________________________________________________
Duties: _____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

3 Previous Job. Employer: ____________________________________________
Address: _____________________________________________________________
Telephone: ____________________________ Supervisor: ______________________
From: (month/yr) __________________________ To: (month/yr) _____________________ Job Title: __________________________
Hours per Week: __________________ Starting Salary: $_________ Per___________ Last Salary: $_________ Per___________
Reason for Leaving: ________________________________________________________________________________________________________
Duties: _____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

4 Previous Job. Employer: ____________________________________________
Address: _____________________________________________________________
Telephone: ____________________________ Supervisor: ______________________
From: (month/yr) __________________________ To: (month/yr) _____________________ Job Title: __________________________
Hours per Week: __________________ Starting Salary: $_________ Per___________ Last Salary: $_________ Per___________
Reason for Leaving: ________________________________________________________________________________________________________
Duties: _____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

5 Previous Job. Employer: ____________________________________________
Address: _____________________________________________________________
Telephone: ____________________________ Supervisor: ______________________
From: (month/yr) __________________________ To: (month/yr) _____________________ Job Title: __________________________
Hours per Week: __________________ Starting Salary: $_________ Per___________ Last Salary: $_________ Per___________
Reason for Leaving: ________________________________________________________________________________________________________
Duties: _____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

6 Previous Job. Employer: ____________________________________________
Address: _____________________________________________________________
Telephone: ____________________________ Supervisor: ______________________
From: (month/yr) __________________________ To: (month/yr) _____________________ Job Title: __________________________
Hours per Week: __________________ Starting Salary: $_________ Per___________ Last Salary: $_________ Per___________
Reason for Leaving: ________________________________________________________________________________________________________
Duties: _____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
Comments. Please explain below what knowledge, skills, and abilities you have to qualify for this position. If applying for an administrative, management, or technical position, outline all programs you have designed or implemented. Note any details which should be considered in reviewing your qualifications and list number of years experience and level of proficiency. Use additional paper if necessary.

Knowledge:
___________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Skills:
___________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Abilities:
___________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Membership in professional or job-related organizations:
___________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Active professional, technical, occupational licenses, certificates or registrations:
___________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Awards, commendations, or other recognitions for outstanding achievement in school, military services, work, or civic activities: You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:
___________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Veteran’s Preference
Revised 09/2010

ALL APPLICANTS MUST ANSWER “YES” OR “NO” TO QUESTION 1, PLUS SIGN AND DATE AT THE BOTTOM.

If you are claiming Veteran’s Preference, a copy of your DD214 or comparable document which serves as a certification of release or discharge claim, MUST BE FURNISHED AT THE TIME OF APPLICATION.

1. Are you claiming Veteran’s Preference? □ Yes □ No

2. Check the appropriate box if you are claiming Veteran’s Preference:
   □ A Veteran with a service-connected disability which is compensable under public law; or a Veteran who is receiving compensation, disability retirement benefits, or pension by reason of public laws, where “public laws” are those administered by the U.S. department of Veterans’ Affairs; or
   □ The spouse of a Veteran who cannot qualify for employment due to a service connected total and permanent disability, or spouse of a Veteran missing in action, captured or forcibly detained by a foreign power; or
   □ A Veteran of any war who has served on active duty for at least one day, and who was discharged or separated there from under honorable conditions from the Armed Forces of the United States if any part of such duty was performed during a wartime era (active duty for training is not allowable); or
   □ The non-remarried widow or widower of a Veteran who died of a service-connected disability; or
   □ Operation Enduring Freedom — October 7, 2001 till present.
   □ A Veteran who has received the Armed Forces Expeditionary Medal.
   □ A Veteran who has received the Global War on Terrorism Expeditionary Medal.

Effective April 8, 1992, Chapter 92-80, Laws of Florida amended the definition of wartime service to include the Persian Gulf War, beginning August 2, 1990, and ending on January 2, 1992.

The City will give your application every special consideration required by the law (Florida Administrative Code, Chapter 55A-7). If you believe you were not afforded employment preference in accordance with the law, you have the right to file a complaint within twenty-one (21) days of notice of non-selection for the position with the Department of Veteran’s Affairs, 11351 Ulmerton Road, Room 311K, Largo, FL 33778.

Signature: _________________________________  Date: _______________________________
PHYSICAL AGILITY DEMONSTRATION

All applicants are required to demonstrate his or her ability to perform the job functions required by the position for which he or she is applying. The demonstration will include the functions provided within the job description. If you will need an accommodation to perform this job demonstration, please inform the City Clerk within three days of your submission of this application.

A job description for the position in which you are applying has been provided as part of your application package. Are you able to perform these tasks with or without reasonable accommodation? ☐ Yes ☐ No

I agree to demonstrate my ability to perform all or part of the essential functions for the position in which I am applying. I further agree to notify the City if I need an accommodation to perform the essential functions of the job.

I hereby release the City of Dunnellon from liability for aggravation of any condition I may have which is not known to them.

Name (Please Print) ___________________________________________________________

Date _______________ Applicant Signature ___________________________________________

APPLICANT DRUG TESTING CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow the City to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized City personnel for appropriate review, and authorize the City to use the test results as a defense to any legal action to which I am a party.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by the City of Dunnellon, I must abide by the terms of the City’s Drug-Free workplace Policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the City, and disciplinary action, up to and including discharge, may result if I) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the City, if the tests establish a violation of the City’s Drug-Free Workplace Policy, or 4) I otherwise violate the Policy.

☐ I hereby CONSENT to the administration of the drug test and to the terms and conditions of the consent agreement. ☐ I hereby REFUSE the drug detection urine test.

Applicant’s Signature Date

Social Security Number Date

Witness Signature Date
Applicant name: (Please Print):_______________________________________________________________

Social Security Number: ____________________________________________________________________

Address: ________________________________________________________________________________
________________________________________________________________________________________

I understand that all statements made on this employment application may be checked by the City of Dunnellon, and I authorize the City of Dunnellon to contact my prior employers and authorize such prior employers to answer any and all questions regarding my prior employment and my ability to perform the essential functions of the position for which I am applying. I hereby agree to indemnify the City of Dunnellon and each of my prior employers and hold them harmless from any claims arising from such authorization.

In addition, I authorize the release of any and all information that is requested by City of Dunnellon regarding my school or educational records, military record, and medical records.

I understand further that any misstatements or material omissions in my application may result in a decision not to hire, or discharge if discovered at a time after hire.

APPLICATION CERTIFICATION. READ CAREFULLY BEFORE SIGNING.

I hereby certify that each answer to a question herein and all other information otherwise furnished is true and correct. I understand that any incorrect, incomplete, or false statements of information furnished by me on this form or any other City documents may subject me to discharge from employment at any time. I hereby give my permission to contact past employers and personal references. I understand that if employed, I will be in a probationary period for six months. I further understand that completion of the probationary period does not confer any expectation of continuation for any definite period, and that my employment may be terminated or I may terminate my employment at any time for any reason or no reason. 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 without notice, at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that I am required to abide by all rules and regulations of the employer. No one but the City Manager and/or Personnel Director has the authority to modify any employment relationship I may have with the City, and any such modification must be in writing.

Signature of Applicant____________________________                            Date______________________
Applicant Waiver Form
(To be signed by all job applicants along with application form.)

1. I agree and understand that all the information and statements on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for my immediate termination at any time during my employment.

In connection with this request, I authorize all corporations, companies, credit agencies, government agencies, persons, educational institutions, law enforcement agencies and former employers to release information they may have about me, and release them from any liability and responsibility from doing so; further, I authorize the procurement of an investigative consumer report and understand that such report may contain information as to my background, mode of living, character, personal reputation and driving records. This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

2. I hereby authorize investigation of all statements at this time with no liability arising there from.

_____________________________________________________________________________________________
Name – Please Print

Social Security Number

___________________________________________________________
Signature                                                                                                                       Date

_____________________________________________________________________________________________
Name of Company and Signature of Company Representative                                   Date

SOCIAL SECURITY NUMBER

“City of Dunnellon’s Written Statement” - The City of Dunnellon collects your Social Security number for the following purposes: classification of accounts; identification and verification; credit worthiness; bad debt collection, billing and payments; data collection, reconciliation, tracking, employment, payroll, benefit processing, wage/tax reporting, determining if vendor is 1099 eligible under IRS reporting requirements, identification of individuals arrested, patient reporting, and background checks. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.
NOTIFICATION TO APPLICANT THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED

In compliance with Public Law 91-508, the Fair Credit Reporting Act, as amended by Public Law 104-208, the Consumer Credit Reporting Reform Act, and applicable state law, this notice is to inform you that this organization may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons. “Consumer reports” include, but are not limited to, credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An “investigative consumer report” contains information on your character, general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with neighbors, friends, or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

If the City requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, indicate here:

☐ __________________________________________________________________________

Print Name: _____________________________________________ Date: ________________
Signature: _____________________________________________ SSN: _________________________
Driver License No.: _____________________________________________ State: _____________
Other Driver Licenses Held in Past 5 Years: ________________________________