

**ACCOUNTS PAYABLE CLERK  
PART-TIME**

The City of Dunnellon is seeking a Part-time Accounts Payable Clerk to perform accounting and record keeping required to process and maintain the City's accounts payable and other duties as directed.

High School Diploma/GED, Knowledge of Microsoft applications required. Municipal experience and working knowledge of Munis Financial Software preferred.

Salary Range \$11.15 - \$12.36 DOQ. Must obtain a job description and submit a City of Dunnellon Employment Application package to the City Clerk at 20750 River Drive, Dunnellon, FL 34431 (352) 465-8500. Applications can be downloaded at [www.dunnellon.org](http://www.dunnellon.org). Electronic applications/resumes not accepted. Deadline for submitting an application package is November 26, 2018. E.O.E., D.F.W.P.

This position is under the direct supervision of the Finance Officer.

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# CITY OF DUNNELLON

## JOB DESCRIPTION

### ACCOUNTS PAYABLE CLERK PART TIME

<b>PAY GRADE</b>	<b>OVERTIME STATUS</b>	<b>REVISED</b>
21	Non-exempt	November 2018

**DEPARTMENT:** FINANCE DEPARTMENT

**GENERAL DESCRIPTION:**

Responsible for the accounting and record keeping work required in order to maintain and process the City's accounts payable. This employee works very closely with employees and vendors. Work is performed under the direct supervision of the Finance Officer.

**ESSENTIAL JOB FUNCTIONS:**

1. Processes the City's accounts payable reporting in its entirety.
2. Receives invoices and reviews them for previous balances, obtains proper department head coding and authority to pay including attaching any shipping/purchasing receipts and approved purchase orders.
3. Prepares accounts payable warrant documentation for approval and prepares checks for mailing vendors.
4. Communicates with accounts payable vendors, department heads or other City staff to investigate or correct any invoice discrepancies or payment issues.
5. Prepares State of Florida escheat reports and correspondence.
6. Issues year end 1099's and associated Federal reporting.
7. Remit monthly sales tax to the State of Florida.
8. Prepares quarterly State of Florida fuel tax report.
9. Administers and processes all purchase order requisitions and purchase orders in their entirety.
10. Makes daily bank deposit.
11. Perform monthly reconciliation of the Police Department cash drawer.
12. Communicates with the City's information technology support team to resolve computer problems as they occur in this area.

**ESSENTIAL JOB FUNCTIONS:** (Continued)

13. Locates, and makes copies of accounts payable/finance related documents in response to requests for public records. Responsible for all filing and records management of all accounts payable documentation.
14. Prepares spreadsheets and required information for auditors on annual basis.
15. Answers telephone as needed and responds to customer and vendor inquiries and requests for information.
16. Assists the Finance Officer in various areas.
17. Performs special assignments of an administrative nature as well as some basic office maintenance as directed.
18. Must communicate clearly and courteously and maintains direct contact with general public in person, by telephone and through written communication.

(These essential job functions are not to be construed as a complete statement of all duties performed. Employees will be required to perform other job related duties as required.)

**ESSENTIAL PHYSICAL SKILLS:**

Acceptable eyesight (with or without correction).

Acceptable hearing (with or without hearing aid).

Ability to communicate both orally and in writing.

Light (under 15 pounds) lifting and carrying.

Stooping, bending, and reaching.

Ability to sit at a desk and view a computer display screen for an extended period of time.

Ability to operate a computer console.

**ENVIRONMENTAL CONDITIONS:**

Works inside in an office environment.

(Reasonable accommodations will be made in accordance with existing ADA requirements for otherwise qualified individuals with a disability.)

**MINIMUM QUALIFICATIONS:****KNOWLEDGE, ABILITIES AND SKILLS:**

Knowledge of and skill with Microsoft Excel spreadsheet, Microsoft Word, Microsoft Outlook, database computer programs and be able to query computer files in preparation of spreadsheets and reports. Ability to read, interpret and follow complex written and oral directions pertaining to computer operations. Ability to read and understand city manuals such as the code book, personnel manual, Florida Statutes and other reference materials. Ability to operate the following office machines: calculator, desktop business computer, computer printer, scanner, bar code printer, copy machine, and telephone. Ability to prioritize work and meet multiple deadlines. Ability to think and work independently. Ability to remain calm in stressful situations. Ability to understand bookkeeping techniques with the ability to create accounting entries and properly maintain financial records.





## CITY OF DUNNELLON

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**Office of the City Clerk \*Human Resources Department**  
20750 River Drive  
Dunnellon, FL 34431  
Phone: 352-465-8500  
Fax: 352-465-8505

## 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.**

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### **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](http://www.dunnellon.org)

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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

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

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	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. 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	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
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	4. Voter's registration card	
	5. U.S. Military card or draft record	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
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
9. Driver's license issued by a Canadian government authority		
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

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**CITY OF DUNNELLON**  
**OFFICE OF THE CITY CLERK/ HUMAN RESOURCES DEPARTMENT**  
**20750 River Drive**  
**Dunnellon, FL 34431**  
**Phone: 352-465-8500 Fax: 352-465-8505**  
<http://www.dunnellon.org>

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**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:

Name and location of vocational school training center, institute, etc.	Dates Attended				Total Months Completed	Courses or subjects taken.	Certificates given or other pertinent information.
	From		To				
	Mo.	Yr.	Mo.	Yr.			

LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:

Name and location of college or university.	Dates attended				Total Months Completed	Grade Point Average	Major/minor field or program of study	Type of degree awarded
	From		To					
	Mo.	Yr.	Mo.	Yr.				

**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:

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Skills:

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Abilities:

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Membership in professional or job-related organizations:

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

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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:*

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## 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.
- Operation Iraqi Freedom — March 19, 2003 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 \_\_\_\_\_

Updated 10/05/2009 Ford & Harrison\_Jessica Walberg

**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 1) 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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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**CITY OF DUNNELLON**  
**OFFICE OF THE CITY CLERK/ HUMAN RESOURCES DEPARTMENT**

**20750 River Drive**

**Dunnellon, FL 34431**

**Phone: 352-465-8500 Fax: 352-465-8505**

<http://www.dunnellon.org>

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Applicant name: (Please Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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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.

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**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 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** \_\_\_\_\_

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**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: \_\_\_\_\_