



**TO ALL APPLICANTS:**

Thank you for applying to the City of Wewahitchka!

The City of Wewahitchka has a commitment to provide the best service possible to our community. The selection process of qualified employees is the first critical step in our commitment to quality. We need your cooperation by carefully completing this application which will assist us in making the best hiring selections.

If you have any questions regarding this application, require assistance, or desire information relating to this application, please contact the City Clerk and we will be happy to assist you. Our office hours are 8:00 am to 4:00 pm central time Monday through Friday (except holidays). Our telephone number is 850-639-2605. Our mailing address is PO Box 966, Wewahitchka, FL 32465 and the physical address is 211 N Hwy 71, Wewahitchka, FL 32465.

Applications will be accepted only for positions that are posted, and only during the posting period. Applications must be submitted by the closing date noted on the job vacancy posted. Applicants will remain in an active status until the position is filled, at which time they will expire. A completed application form will be required for each position posted.

Our application form is designed to provide you with the opportunity to illustrate your qualifications. Please review the entire application form before you start. Following directions in completing this application form is part of the evaluation process. You may submit a resumé and other supporting information along with your application, including additional continuation sheets, however, all sections of the application must be completed or it will not be considered. Information contained in your application will be verified.

Applicants may be conditionally hired based on their education, training and experience subject to successful completion of:

Drug/Alcohol Testing

Personal Background Investigation

Motor Vehicle Report/Driving Record (2-5 years)

Physical Agility

Documentation substantiating military service will be required if "Veteran's Preference is requested.

When hired, we require each individual present the following items:

Social Security Card/Verification of Eligibility to work in the United States

Verification of Date of Birth

Proof of Education/Certificates/Licenses required for the position

Valid Driver's License

Other information that applies to successful applicant only, as discussed and if needed

There is a probationary period of 6 months for all positions and benefits become available at that time.

All signatures required by this application shall be of a normal and legally binding hand-written in ink form, NOT in the form of a computer script (unless there is a properly documented need otherwise due to a disability).

Revised 6/2019/cds



Mail To: City of Wewahitchka P.O Box 966 Wewahitchka, FL 32465

Hand Deliver City of Wewahitchka 318 South 7th Street Wewahitchka, FL 32465

Phone: (850)639-2605 Fax: (850)639-2701

Email City Clerk: [wewaclerk@fairpoint.net](mailto:wewaclerk@fairpoint.net)

Please complete each item in the following application in legible handwriting, printing, or type. Blue ink is preferred. To be considered for employment the application must be entirely completed. Please list only one position per application.

PERSONAL DATA

Last Name First Name M.I. Social Security No. Date of Application (to be supplied immediately upon request)

Present Address (Street, City, State, Zip Code)

Telephone No. (Cell) (Home) (Other)

Do you have a valid driver's license? Please complete supplemental information page in this package.

Please give DATE OF BIRTH E-Mail Address:

EMPLOYMENT INFORMATION

Position which you are Applying

Salary Expected hourly/annual

Are you seeking Full Time/Part Time:

Are you able to work the hours required for the position? Approximate date you can start:

Have you ever filed an application with the City before? If yes, give dates

Do you have any relatives currently employed by the City? If yes, give names

Are you legally authorized to work in the U.S? If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the United States.

The City of Wewahitchka is a Drug-Free Workplace Employer and requires applicants and employees to submit to Drug Testing. The City is an Equal Employment Opportunity/Affirmative Action Employer and will consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status under federal, state or local law. Individuals who require accommodations in order to complete the employment application process should contact the City Clerk.

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

EDUCATION & TRAINING

.....  
HIGH SCHOOL, COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL

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

Received Diploma? \_\_\_\_\_ Highest Degree Attained \_\_\_\_\_ Year Received \_\_\_\_\_

NAME OF SCHOOL                                      CITY/STATE                                      DEGREE, MAJOR OR TYPE OF COURSE

---

---

---

---

JOB RELATED TRAINING AND COURSE WORK (Please provide institution name, location and date(s) of attendance)

---

---

---

---

**PERSONAL REFERENCES**

Please list at least 3 persons, who have known you for at least one year, other than relatives or previous employers who have knowledge of your work experience and/or education.

.....  
NAME AND ADDRESS                                      OCCUPATION                                      PHONE NUMBER      KNOWN HOW LONG

---

---

---

---

**KNOWLEDGE AND SKILLS**

.....  
Please list any knowledge, skills, and abilities you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s) etc.

---

---

---

---

---

**PLEASE ATTACHED ADDITIONAL SHEETS AS NECESSARY**

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

**BACKGROUND**

.....  
Have you ever been discharged from employment because your work or conduct was not satisfactory? \_\_\_\_\_

Have you ever been convicted of a criminal Drug or Alcohol Offense? \_\_\_\_\_

If yes, please give dates and explanation \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please complete the additional supplemental page in this package.

**EMPLOYMENT HISTORY**

.....  
Please list all current and/ or previous employment. Begin with your current or most recent position and list all previous positions in chronological order. If additional space is needed please submit supplemental sheets, resumes may be included.  
\_\_\_\_\_

We will contact your current employer. If there is a problem with that, please explain: \_\_\_\_\_  
\_\_\_\_\_

Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Salary Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Position Held \_\_\_\_\_ (Part/Full time) Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Salary Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Position Held \_\_\_\_\_ (Part/Full time) Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_  
\_\_\_\_\_

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

**EMPLOYMENT HISTORY (DO NOT LEAVE GAPS IN EMPLOYMENT HISTORY)**

.....  
Please list all current and/ or previous employment. Begin with your current or most recent position and list all previous positions in chronological order (most recent first). If additional space is needed please submit supplemental sheets, resumés may be included.  
.....

Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Salary Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Position Held \_\_\_\_\_ (Part/Full time) Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Employer Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Salary Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Position Held \_\_\_\_\_ (Part/Full time) Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL FACTS**

.....  
Please include any additional information that you think would be helpful to us in considering you for employment.  
.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

**SUPPLEMENTAL INFORMATION**  
*ATTACH ADDITIONAL SHEETS AS NECESSARY*

Do you have a valid driver's license? \_\_\_\_\_ Specify State: \_\_\_\_\_ Specify class: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Currently revoked/suspended: \_\_\_\_\_

If yes, please explain; \_\_\_\_\_  
\_\_\_\_\_

List any endorsements or restrictions: \_\_\_\_\_  
\_\_\_\_\_

A copy of your driving record for the last 2-5 years may be requested from you upon your date of hire if your job requires you to operate the city's vehicles and other heavy equipment.  
.....

If you are a male between the ages of 18 and 26, have you registered with the US Selective Service System? \_\_\_\_\_

OR Are you exempt from such registration? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_

.....  
Have you ever been convicted, entered a plea of no contest, fined, had prosecution deferred or adjudication withheld for any crime, or is there a criminal charge pending against you? \_\_\_\_\_ if yes, please provide details: nature of offense(s), date, location, disposition including fines, prison, suspended sentences, probation served, and also convictions during military service. Records will be checked as applicable.

An intentional tort is a wrongful act committed against the person, reputation or property of another. Have you ever been accused of committing an intentional tort? \_\_\_\_\_ If yes, please provide:

Details	Date of Accusation	Where occurred	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

SUPPLEMENTAL INFORMATION (continued)

ATTACH ADDITIONAL SHEETS AS NECESSARY

Please check areas in which you are competent:

Office Skills:

\_\_\_\_\_ Calculator \_\_\_\_\_ Filing \_\_\_\_\_ Typing (\_\_\_\_\_ wpm)
\_\_\_\_\_ Microsoft Word \_\_\_\_\_ Microsoft Excel \_\_\_\_\_ Office Equipment (fax, copier, etc)
\_\_\_\_\_ Quick Books \_\_\_\_\_ Banyon Utility Billing

Please list other software/computer applications: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Trade Skills:

\_\_\_\_\_ Masonry \_\_\_\_\_ Plumbing \_\_\_\_\_ Automotive/Mechanical
\_\_\_\_\_ Welding \_\_\_\_\_ Electrical \_\_\_\_\_ Asphalt Repair
\_\_\_\_\_ Carpentry \_\_\_\_\_ Roofing \_\_\_\_\_ Reading Blueprints
\_\_\_\_\_ Pipefitting \_\_\_\_\_ Inventory \_\_\_\_\_ Reading Technical Specifications

Equipment Skills:

\_\_\_\_\_ Cranes \_\_\_\_\_ Tractors \_\_\_\_\_ Ditching Machines
\_\_\_\_\_ Air Hammers \_\_\_\_\_ Computers \_\_\_\_\_ Power Tools
\_\_\_\_\_ Pay Loaders \_\_\_\_\_ Bull Dozers \_\_\_\_\_ Fire Hydrants
\_\_\_\_\_ Power Mowers \_\_\_\_\_ Heavy Equipment \_\_\_\_\_ Ballfield Machines

Other (please list): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Numbers: ( ) ( )
Home Cell

If you were employed under any other name(s), please list: \_\_\_\_\_

\_\_\_\_\_

LAW ENFORCEMENT BACKGROUND: Are you a current or former law enforcement officer or other employee\*\* or spouse or child of one who is exempt from public record disclosure under Florida Statutes 119.07(3)(i) ? \_\_\_\_\_

\*\* other employee includes correctional and correctional probation officer, certified firefighters, county and municipal code inspectors and code enforcement officers, judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Health, Department of Children and Family Services and Department of Revenue.

\*\*\*\*\*

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

**EMPLOYEE BENEFITS**

**PROBATION:** 6 months from date of hire

**PAY PERIOD:** Every two (2) weeks; paid through direct deposit to bank(s)

**SICK LEAVE:**

Accrues at 3.69 hours per pay period (12 days per year); cannot be taken until employee completes six (6) months satisfactory probation. No maximum accrued limit. Additional details in personnel policy.

**VACATION LEAVE:**

Accrues at 1.54 hours per pay period for the first 2 years (5 days per year); cannot be taken until employee completes six (6) months satisfactory probation. Increases gradually to a maximum of 7.69 hours per pay period after 20 years (25 days per year); details in personnel policy. Maximum accrued vacation leave is 300 hours (then "use it or lose it").

**HOLIDAYS:**

Ten (10) paid holidays per year (certain city sponsored holiday activities accrue compensatory time if employee participates).

**RETIREMENT:**

Five percent (5%) of gross wages paid by city on behalf of employee beginning one (1) year from date of hire. Employee is not vested in this amount until five (5) years from date of hire (4 years from the date funding starts) and is first vested at 40%. Vesting increases by 10% each year until employee is 100% vested after 10 years from the state of funding (11 years from the date of hire).

Employee can voluntarily contribute additional funds based on a percentage of gross wages beginning one (1) year from the date of hire and is fully vested in voluntary contributions immediately.

All contributions are pre-tax.

**HEALTH INSURANCE:**

City pays health insurance premium on behalf of employee beginning ninety days (90) days from the date of hire (as of 1/1/2014 insurance reforms). Employee has the option to cover spouse and/or children at his/her expense.

**LIFE INSURANCE:**

City pays life insurance with a \$25,000 benefit on behalf of employee beginning six (6) months from the date of hire after satisfactory probation.

**SHORT TERM DISABILITY:**

City pays short term disability on behalf of the employee beginning six (6) months from the date of hire after satisfactory probation.



CITY OF WEWAHITCHKA JOB APPLICATION (continued)

**EMPLOYEE BENEFITS (continued)**

**PAYROLL DEDUCTIONS:**

City will make payroll deductions and pay any other insurance premiums for employee. All eligible coverages will be included in the "cafeteria plan". This means that eligible insurance will be deducted before social security and medicare taxes are computed resulting in a small savings to the employee. Employee will have the opportunity to obtain other insurance coverages through the city including but not limited to: vision, dental, life, disability, accident, for himself and/or his family members at his expense.

City will also make payroll deductions and pay loans or savings accounts as directed by employee. Payment will be made by direct deposit to appropriate institution(s) where possible. If there is any charge for such direct deposit, it shall be the responsibility of the employee to pay.

**MISCELLANEOUS:**

Uniforms will be supplied to maintenance personnel which are to be turned in when employee leaves the city's employ. Any missing uniforms will be charged to the employee and deducted from his final check if applicable.

All other benefits and policies for the City are included in the Personnel Policy which is available for review in the City's offices; a copy of which can also be given to the hired employee upon request.

## CITY OF WEWAHITCHKA JOB APPLICATION (continued)

### VETERAN'S PREFERENCE INFORMATION

The City of Wewahitchka, in accordance with Chapter 295 of the Florida Statutes dealing with Veteran's Preference, provides preference in employment and retention to those Individuals who were honorably discharged and who qualify for this preference as follows per the Florida Department of Veteran's Affairs:

1. A disabled veteran who has served on active duty in any branch of the U.S. Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans Affairs and U.S. Department of Defense.
2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
3. A wartime veteran as defined in s. 1.01(14), who has served at least one day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph.
4. The unremarried widow or widower of a veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or unremarried widow or widower of a member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of Defense.
6. A veteran as defined in s. 1.01(14), F.S. Active duty for training may not be allowed for eligibility under this paragraph.
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

Details of #3 and #6 above: The term "veteran" means a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. To receive benefits as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized or during one of the periods of wartime service below. (Florida Statutes "Definitions" 1.01 (14) )

- 1) A Veteran of any war who served on active duty during a wartime era. "Wartime Era" includes:
  - a. Spanish-American War; April 21, 1898 to July 4, 1902 and including the Philippine Insurrection and the Boxer Rebellion.
  - b. Mexican Border Period: May 9, 1916 to April 5, 1917 in the case of a veteran who during such period served in Mexico, on the borders thereof, or in the waters adjacent to Mexico.

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

- c. World War I: April 6, 1917, to November 11, 1918; extended to April 1, 1920, for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917, and November 12, 1918.
- d. World War II: December 7, 1941 to December 31, 1946;
- e. Korean Conflict: June 27, 1950 to January 31, 1955;
- f. Vietnam Era: February 28, 1961 to May 7, 1975;
- g. Persian Gulf War: August 2, 1990 to January 2, 1992
- h. Operation Enduring Freedom: October 7, 2001 and ending on the date thereafter prescribed by presidential proclamation or by law.
- i. Operation Iraqi Freedom: March 19, 2003 and ending on the date thereafter prescribed by presidential proclamation or by law.

Should you qualify for the preference under any category and wish to assert it, please state the status of your preference below from one of the categories (1-7) listed above together with all other military information requested.

Branch of the Military \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Discharge: Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ Please explain: \_\_\_\_\_

Other: \_\_\_\_\_ Please explain: \_\_\_\_\_

Category Status requested: \_\_\_\_\_ (#1 through #7 above)

Documentation (DD214) sustaining your claim MUST BE FURNISHED AT THE TIME OF APPLICATION TO BE ELIGIBLE. If claim preference is due to disability, a letter that is less than one year old from the Veteran's Administration stating disability percentage must be submitted in addition to the DD214.

If spouse (or other individual as listed above) of any veteran, additional documents including but not limited to: marriage certificate, affidavit of continuous marriage, death certificate, or letter from the Department of Defense regarding MIA or capture.

If you qualify for the Veteran's Preference, the City will give you special consideration at each step of the employment selection process. For positions where a score exam is the sole employment criteria, applicants qualifying under the categories above should refer to the attached FDVA Veteran's Preference "Frequently Asked Questions" .

Should the position for which you are applying be filled by someone who does not qualify for Veteran's Preference and you feel that proper consideration of the Veteran's Preference law has not been provided to you by the City, or that the City has not complied with the Veteran's Preference rules, please notify the City Clerk of your concerns in writing (with hand written signature; not script

**CITY OF WEWAHITCHKA JOB APPLICATION (continued)**

signature) within 60 days from the date you received notice of non-selection which is listed on the "Notice to Applicants" included in this application package.

You also have a right to initiate an investigation by the Florida Division of Veteran's Affairs within 60 days of the date you received notification of not being selected. You may do so by contacting the Florida Department of Veteran's Affairs for requirements and additional information at (727) 518-3202 Ext 5511 or email VeteransPreference @fdva.state.fl.us and the website is floridavets.org. The mailing address is:

Florida Department of Veterans Affairs  
Attn: Veterans Preference Coordinator  
11351 Ulmerton Road, Suite 311  
Largo, FL 33778-1630

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

STATEMENT OF AFFIRMATION AND AUTHORIZATION

---

**AFFIRMATION**

I understand that any employment offer will be contingent upon the successful completion of a pre-placement medical examination and background investigation. As a part of the City's requirement for a work force free from drugs, the pre-placement medical examination will include a drug test. To the best of my knowledge all information on this application is true and correct. I understand any false statements, representations, or failure to disclose pertinent information is sufficient cause for dismissal from the City's employment if hired. I understand that an offer of employment is not an employment contract and that either the City or I may terminate the employment relationship at any time.

---

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Printed Name:* \_\_\_\_\_

**AUTHORIZATION**

I authorize and consent to every person, firm, company, corporation, governmental agency, medical facility or practitioner, association, court, school, college, university or institution having control of any documents, records and other information pertaining to me, to furnish such information, upon request by the City of Wewahitchka.

I do also authorize the National Personnel Records Center and/or Army/Navy/Marine/Air Force/Coast Guard or their reserve components, to release information in their files about me to the City of Wewahitchka or its authorized agents.

This Authorization will serve as a release of any and all information and for this purpose a photo copy shall be considered an original and valid.

I have read and fully understand the contents of this statement of "Authorization".

---

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Printed Name:* \_\_\_\_\_

---

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

**DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM**

I hereby consent to submit to urinalysis and/or other tests as shall be determined necessary by the City of Wewahitchka as a condition of employment and for the purpose of determining the drug and or alcohol content within my body.

I agree that Health and Human Services (and State where required) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by the City of Wewahitchka for analysis. I further agree to have these results reviewed by a Medical Review Officer.

I hereby release to the City of Wewahitchka the results of the test(s) to which I have consented. I further authorize the City of Wewahitchka to discuss the results with medical and/or other personnel collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administrating the aforementioned action to which I am party.

I further release any testing facility, technician, or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records and data concerning my test(s) to the appropriate City of Wewahitchka officials or other governmental agencies.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**THIS SECTION APPLIES ONLY TO APPLICANTS WITH A COMMERCIAL DRIVER'S LICENSE (CDL)**

I agree to have a Breath Alcohol Technician administer the evidential breath test required by the US Department of Transportation.

With my signature below, I authorize former employers give to the City of Wewahitchka any information in regards to any alcohol and/or controlled substance program and/or testing to which I was a party during the preceding two (2) years. I understand that the results of my test required by the US Department of Transportation will be made available to future employers for two (2) years following my separation from employment with the City of Wewahitchka as required and in the manner set forth by the US Department of Transportation.

.....

---

*Signature*

*Printed Name*

*Date*

CITY OF WEWAHITCHKA JOB APPLICATION (continued)

**APPLICANT'S CERTIFICATION AND STATEMENT**

*PLEASE READ CAREFULLY*

The City of Wewahitchka is an affirmative action, equal opportunity employer that always employs the best qualified individual for the job based on job-related qualifications, and regardless of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, disability, age (40 or older) or genetic information (including family medical history) or other protected status under federal, state or local law.

It is the intent of the City of Wewahitchka to comply with the mandates of the Americans with Disabilities Act (<https://www.ADA.gov>). In that regard, disabled individuals are encouraged to apply for positions and the City will reasonably accommodate such individuals, both in any pre-employment testing and/or with respect to the job applied for. If special assistance is needed in the application process, please feel free to contact the City Clerk.

As a condition of employment with the City of Wewahitchka, all males (citizens and immigrants) between the ages of 18-26 years of age are required to show proof of selective service registration or exemption prior to being employed with the City. This requirement also applies to current employees selected to fill vacant positions. For more information or to register, contact your local US Post Office (<https://www.usps.com>) or the Selective Service System at <https://www.sss.gov>

I hereby certify that all statements made hereon and attached to this application for employment are correct to the best of my knowledge, and understand that any false statement, misrepresentation, or omission of facts, may be cause for denying me the right to employment or for my later dismissal. I agree, if hired, to abide by all policies, rules, and regulations of the City of Wewahitchka.

Permission is hereby granted to the City of Wewahitchka to investigate my personal history, conduct a criminal background check, and receive solid statements from any person or organization with which I have ever been associated. I understand that the City of Wewahitchka will contact my previous employers and references for information about my work ethic, work history, personal ethics, and other information relevant to this application. In consideration of the receipt of this application by the City of Wewahitchka, I hereby release the City of Wewahitchka and all persons or organizations from any liability arising from such statements, or their solicitation or use. I understand that this application is valid only for the position indicated, and I must re-apply for future vacancies. I understand that my employment is contingent upon the accuracy of the information contained in this application, and that if I am employed, the information given in this application will be used as part of personnel records.

I freely and voluntarily agree to submit to a drug test as a part of my application for employment. I understand that either my refusal to submit to the drug test or a positive test result for illegal drugs will disqualify me from further consideration for this position.

I also understand and agree that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and duly authorized by the City Commission.

I have read in full and understand the above statements and conditions of employment.

---

*Signature*

*Printed Name*

*Date*