

APPLICATION FOR EMPLOYMENT WITH THE CITY OF EDGEWATER

The City of Edgewater is an Equal Opportunity Employer and will not discriminate against any person because of race, color, religion, creed, gender, age, national origin, disability, Veteran or marital status, or other legally protected status.

PLEASE PRINT

Position(s) Applied for:

Date of Application

Police Officer

12-9-20

How did you learn about us? (Please circle one)

☒

City Web Site

☐

Friend

☐

Walk-In

☐

Employment Agency

☐

Relative

☐

Other

Last Name

First Name

Middle Name

Guthrie

Adam

Douglas

Address

Number

Street

City

State

Zip Code

Police - F.S. 119.071(4)(d)(2a)

Have you ever filed an application with us before? ☐ Yes ☒ No If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☒ No If yes, give date _____

Do any of your relatives work here? ☐ Yes ☒ No If yes, list name and your relationship _____

May we contact your present employer? ☒ Yes ☐ No

On what date would you be available for work? 12-12-22

Are you available to work: ☒ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

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 United States citizen ☒ Yes ☐ No

If not, do you possess an Alien Registration Card? ☐ Yes ☐ No

If yes, give Alien Registration # _____

Have you been convicted of a felony?

Yes

☒ No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

HUMAN RESOURCES DEPARTMENT
P. O. Box 100

EDUCATION/ SPECIALIZED TRAINING

	Name and Address of School	Years Completed	Diploma Degree
Elementary School	Sweetwater elementary	5800 Victoria	Grades 1-5
High School	Spruce Creek High	801 Tucker Rd	2014-2018
Graduate Professional	DeVry State	1200 V International	Speedway Blvd
Other (Specify)	DSC law enforcement academy		

Describe any specialized education, training, apprenticeship, and/or skills.

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Enter a self instructional technique EDC course

Check Skills/Equipment Operated

☒ Copier ☒ Fax
☒ Calculator ☒ Multi-line Telephone
☐ PC/ Software applications (list):

☐ Typewriter
☐ CRT
Other (list):

Driver's License # 6360 004 001030
CDL/ Type: Operators 1E

Expiration Date: 5-3-2024

MILITARY SERVICE RECORD

It is City policy to give preference to eligible veterans and spouses of veterans in accordance with Chapter 295, Florida Statutes.

Were you in the U.S. Armed Forces? ☐ Yes ☒ No If yes, list any job related training

Are you claiming Veteran's Preference as a:

☐ Disabled veteran
☐ Spouse of totally disabled veteran or who is MIA
☐ Veteran of any war
☐ Unremarried widow or widower of a veteran who died of a service-connected disability

Have you claimed Veteran's Preference since October 1, 1987? ☐ Yes ☒ No

The applicant claiming preference is responsible for providing the required documentation when submitting their application.

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB.

Employer	Dates Employed From To	Work Performed
City of Daytona Beach	5-24-21 10-28-22	Police Officer
Address 129 Water Blvd, Daytona Beach FL 32114		
Employer	Dates Employed From To	Work Performed
Halifax Health	6-15-19 6-1-20	Patient Access
Address 703 N Clyde Morris Blvd, Daytona Beach FL 32114		
Employer	Dates Employed From To	Work Performed
Address		
Employer	Dates Employed From To	Work Performed
Address		

REFERENCES

1. Brad McFarland	(321) 759 0336
Name	Phone
3326 Pine Ave, New Smyrna Beach, FL 32168	
Address	
2. Dean Westfall	(386) 275-9777
Name	Phone
2334 Magnolia av, South Daytona FL 32119	
Address	

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that any false answers or statements made by me on this application or any supplement thereto, or any false statement made to any representative of the City of Edgewater during the interview process, will be sufficient grounds for immediate discharge, no matter when discovered.

I understand and agree that if I am hired by the City of Edgewater, my employment is for no definite period and may be terminated at any time without previous notice or cause. I understand that no supervisor or other representative of the City of Edgewater has the authority to enter into any agreement for employment for any specified period of time, except by written authorization by the City Manager.

I understand and agree that the City of Edgewater will make a thorough investigation of my character, reputation and past employment. I authorize the giving and receiving of any such information requested by the City of Edgewater and hereby release all former employers and their agents of any liability for any information they may give to the City of Edgewater. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the City of Edgewater or its agents or employees arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the City of Edgewater's handling, processing, or investigation of my application with the City of Edgewater.

I agree to a physical examination if requested, including testing for the use of illegal drugs, controlled substances or alcohol, prior to hiring, and at any time during my employment based upon reasonable suspicion and/or Federal and State regulations.

I hereby acknowledge that my employment with the City of Edgewater will begin with a designated probationary period.


Applicant's Signature

12-9-22
Date