

# PANAMA CITY BEACH, FLORIDA

ON THE WORLD'S MOST BEAUTIFUL BEACHES

110 South Arnold Road

Panama City Beach, FL 32413

Telephone (850)233-5100

[www.pcbgov.com](http://www.pcbgov.com)

Fax (850)233-5108

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CIVIL SERVICE COMMISSION

Bill Montfort, Chair

Michael Jarman

Debbie McCormick

Mark Neitzel

John Reichard

## MEMO

To: **Applicants** – Building Code Administrator  
From: Mary Jan Bossert, Senior Administrative Support Specialist – Civil Service  
[mjbossert@pcb.gov](mailto:mjbossert@pcb.gov)  
Subject: Materials to be included with applications  
Date: October 30, 2018

Originals of the following documents are to be presented for review with your application for employment:

- 1) Valid Florida Drivers' License
- 2) Social Security Card (or valid U.S. Passport)
- 3) High School Diploma or GED Certificate or College Diploma
- 4) Birth Certificate (Form DS1350)
- 5) Letters of Recommendation (if available)
- 6) Resume' (if available)
- 7) Training Certificates (if any)
- 8) DD-214 (Member 4 Page) (Armed Services related)
- 9) Signed Hand-Written Statement of Intent
- 10) Signed Job Description
- 11) Signed Drug Test Authorization
- 12) Signed Background Check Authorization
- 13) Signed Social Security Number Collection Disclosure Statement
- 14) Signed W-4 for IRS
- 15) Signed I-9 Federal Form

### **COMPLETE ALL LINES OF APPLICATION**

**Applications will be accepted until the position has been filled.**

All applicants will be informed once an interview date has been set.

# CITY OF PANAMA CITY BEACH

## APPLICATION FOR EMPLOYMENT

The City of Panama City Beach is an Equal Opportunity Employer. There shall be no discrimination exercised on account of race, national origin, color, religion, creed, age, marital status, sex, political affiliation, or the presence of any sensory, mental, or physical disability unless such disability effectively prevents the performance of the essential duties required of the position and which are bona fide occupational qualifications which cannot be accommodated without undue hardship, with respect to the recruitment, examination or appointment of applicants, or in any personnel actions affecting employees, including compensation, training, promotions, educational opportunities, transfers, demotions, layoffs and disciplinary actions.  
**Current Civil Service Members shall be given employment preference.**

### PERSONAL INFORMATION

Application Date: \_\_\_\_\_

NAME (Print): \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) \_\_\_\_ Yes \_\_\_\_ No

If offered a position, are you able to present evidence of your US Citizenship or proof of your legal right to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Position(s) Applied For: \_\_\_\_\_

How soon could you report to work? \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ /hr or *negotiable*

What are your available days and hours to work? Days: \_\_\_\_\_ Hours: \_\_\_\_\_

List relatives currently employed by the City of Panama City Beach (Names, relationship, position held and residence address): \_\_\_\_\_

*(Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.)*

Have you ever applied to/worked for the City before? \_\_\_\_ Yes \_\_\_\_ No If Yes, please explain (include date): \_\_\_\_\_

How did you hear of the job opening? \_\_\_\_\_

### EDUCATION

	<u>Name of School</u>	<u>Major</u>	<u>Last Year Completed</u>	<u>Degree Earned</u>
High School	_____			
College	_____			
Technical	_____			

NAME: \_\_\_\_\_

Have you ever served in the US Armed Forces? \_\_\_\_ Yes \_\_\_\_ No Branch: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ MOS: \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state crime, date, court, and location where offense occurred: \_\_\_\_\_

**NOTE: The fact of a conviction does not make you automatically ineligible for employment by the City. The date, nature, significant details, surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.**

Have you ever been discharged or requested to resign from a position? \_\_\_\_ Yes \_\_\_\_ No

If Yes, give circumstances: \_\_\_\_\_

Have you ever held a position of trust such as handling money or confidential materials? \_\_\_\_ Yes \_\_\_\_ No

Why do you desire to change jobs? \_\_\_\_\_

### EMPLOYMENT RECORD

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

1. **Current or Most Recent Employer:** Telephone: \_\_\_\_\_

Business Name & Address	Supervisor's Name	Hire Date	Starting Rate of Pay
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Job Title (Duties)	Date You Left	Last Rate of Pay
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Reason For Leaving	May we contact this employer? ____ Yes ____ No
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2. **Business Name and Address of Next Employer:** Telephone: \_\_\_\_\_

Business Name & Address	Supervisor's Name	Hire Date	Starting Rate of Pay
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Job Title (Duties)	Date You Left	Last Rate of Pay
--------------------	---------------	------------------

Reason For Leaving	May we contact this employer? ____ Yes ____ No
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NAME: \_\_\_\_\_

3. Business Name and Address of Next Employer: Telephone: \_\_\_\_\_

Business Name & Address	Supervisor's Name	Hire Date	Starting Rate of Pay
Job Title (Duties)		Date You Left	Last Rate of Pay
Reason For Leaving	May we contact this employer? ____ Yes ____ No		

4. Business Name and Address of Next Employer: Telephone: \_\_\_\_\_

Business Name & Address	Supervisor's Name	Hire Date	Starting Rate of Pay
Job Title (Duties)		Date You Left	Last Rate of Pay
Reason For Leaving	May we contact this employer? ____ Yes ____ No		

5. Business Name and Address of Next Employer: Telephone: \_\_\_\_\_

Business Name & Address	Supervisor's Name	Hire Date	Starting Rate of Pay
Job Title (Duties)		Date You Left	Last Rate of Pay
Reason For Leaving	May we contact this employer? ____ Yes ____ No		

6. Business Name and Address of Next Employer: Telephone: \_\_\_\_\_

Business Name & Address	Supervisor's Name	Hire Date	Starting Rate of Pay
Job Title (Duties)		Date You Left	Last Rate of Pay
Reason For Leaving	May we contact this employer? ____ Yes ____ No		

NAME: \_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application:

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Are you claiming Veteran's Preference for this position? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please complete the Veteran's Preference Claim Form.

**REFERENCES**

*(Do not list relatives or former employers)*

1. Name & Telephone Number: \_\_\_\_\_
2. Name & Telephone Number: \_\_\_\_\_
3. Name & Telephone Number: \_\_\_\_\_

**APPLICANT'S AGREEMENT AND CERTIFICATION**

I certify that the all the information I have provided on this application, and any other supplements or documents provided by me, is true in all respects. I grant permission to the City of Panama City Beach to verify any experience, training/education and/or commendations I possess. I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages due to having furnished such information. I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of further consideration in the promotional process, employment or discharge.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City retains the same right.

I understand that prior to being offered employment with the City, I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The City reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date completed, after which time I would have to re-apply in accordance with established City procedures.

I have read and understand the job description of the position(s) for which I am applying and represent that I meet or exceed the qualification requirements and I can perform the essential duties and responsibilities outlined in the job description.

I understand and acknowledge pursuant to Section 119, Florida Statutes, Public Records, the information contained herein is "open for personal inspection and copying by any person".

\_\_\_\_\_  
Signature of Applicant and Date



NAME: \_\_\_\_\_

**CITY OF PANAMA CITY BEACH  
VETERAN'S PREFERENCE CLAIM FORM**

In order to claim veteran's preference, please check the appropriate box below:

- Disabled Veterans who have served on active duty in any branch of the Armed Forces, received an honorable discharge, and have established the present existence of a service-connected disability that is compensable under public laws administered by the USDOVA; or who are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the USDOVA and the USDOD.
- 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 the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power.
- A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph.
- The un-remarried widow or widower of a Veteran who died of a service connected disability.
- The mother, father, legal guardian, or un-remarried widow or widower of a member of the Armed Forces who died in the line of duty under combat-related conditions as verified by the USDOD.
- A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" is not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
- A current member of any reserve component of the US Armed Forces or the Florida National Guard.

**Required Proof:** Attach a DD-214 (or equivalent official documentation), or additional documentation as required to support the preference being claimed.

I certify that the information provided is complete and correct and that any misrepresentation of the claim of preference is grounds for disqualification or termination of employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veteran's Name (if different from applicant)

**CITY OF PANAMA CITY BEACH**  
**Job Description**

**JOB TITLE: Building Code Administrator**

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**SALARY RANGE:** \$28.26 - \$48.04/hr

**SHIFT:** Days

**LOCATION:** 110 S Arnold Road

**REPORTS TO:** Building & Planning Director

**PREPARED BY:** Building & Planning Director

**APPROVED BY:** City Council

**PAY GRADE:** 42

**DIVISION:** Building & Planning

**DEPT:** Admin

**FSLA STATUS:** Exempt

**POSITION:** Permanent Full-time

**DATE** September 28, 2017

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**SUMMARY:**

This highly professional position is responsible for the safeguarding of people, buildings and their contents from the hazards arising from faulty construction. Work is performed under the primary supervision of the Building & Planning Director and secondary supervision by the City Manager.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:**

In addition to the essential duties and responsibilities, other tasks may be assigned

Reviews construction plans, or causes such plans to be lawfully reviewed, inspects construction, alteration, demolition, and the like, or causes such things to be lawfully inspected, as required by City ordinance and State law including Section 468-604, F.S.

Supervises and serves as head of the Building Inspection Division; performs duties of Building Code Administrator as required by local and State Building Codes and law, enforces, NFPA, Fire Code and the Florida Building Code, and any applicable local technical amendment to the Florida Building Code; authorizes issuance of permits for building construction, erection, repair, addition, remodeling, demolition, or alteration projects that require permitting indicating compliance with building, plumbing, mechanical, electrical, gas, fire prevention, energy, accessibility, and other construction codes as required by state law or municipal ordinance; suggests revisions to plans that do not conform to codes; acts as interpreter to contractors and the public with respect to matters concerning construction codes; makes final decision with Fire Inspector concerning status of a building in regards to its release for occupant; supervises maintenance of necessary office records of daily inspections; meets daily with other department personnel; with the assistance of construction inspectors (Building, Plumbing, Mechanical, Gas and Electrical) studies and evaluates construction code changes and makes recommendations to City Council; studies new products and techniques as well as changes in Federal and State regulations in the construction industry.



Trains and supervises plans examiners, inspectors and support staff; recognizing that each plans examiner and each inspector shall perform their responsibilities under the supervision and authority of the Building Code Administrator without interference from any unlicensed person.

Answers field questions to ensure proper service is provided to construction professionals and the general public.

Makes technical inspections of all phases of construction, electrical, plumbing, building, mechanical, including new construction or modifications of commercial buildings, residential buildings and mobile homes to insure compliance with City, State, and Federal Building Codes.

Prepares reports, and monitors correspondence related to division activities such as codes interpretation, fire-safety inspections, base flood determinations, and contractor licensure.

Assists and advises contractors, building owners and associates, officials and the general public; explains and interprets building codes and standards.

Investigates complaints regarding building construction codes, ordinances, or hazard. Issues Stop Work Orders as required to achieve compliance.

Under the supervision of the Building and Planning Director, may review plans and coordinate with zoning requirements.

Directs all City administrative and procedural regulations applicable to contractor licensing and competency examinations in the City.

Performs related work as required.

**SUPERVISORY RESPONSIBILITIES:**

Supervises Building Division administrative support staff and Building Inspectors.

**COMPETANCIES:**

To perform the job successfully, an individual should demonstrate the following competencies:

Analytical - Synthesizes complex or diverse information; Collects and researches data; Uses intuition and experience to complement data; Designs work flows and procedures.

Problem Solving - Identifies and resolves problems in a timely manner; Gathers and analyzes information skillfully; Develops alternative solutions; Works well in group problem solving situations; Uses reason even when dealing with emotional topics.

**Project Management** - Develops project plans; Coordinates projects; Communicates changes and progress; Completes projects on time and budget; Manages project team activities.

**Technical Skills** - Assesses own strengths and weaknesses; Pursues training and development opportunities; Strives to continuously build knowledge and skills; Shares expertise with others.

**Customer Service** - Manages difficult or emotional customer situations; Responds promptly to customer needs; Solicits customer feedback to improve service; Responds to requests for service and assistance; Meets commitments.

**Interpersonal Skills** - Focuses on solving conflict, not blaming; Maintains confidentiality; Listens to others without interrupting; Keeps emotions under control; Remains open to others' ideas and tries new things.

**Oral Communication** - Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; Responds well to questions; Demonstrates group presentation skills; Participates in meetings.

**Written Communication** - Writes clearly and informatively; Edits work for spelling and grammar; Varies writing style to meet needs; Presents numerical data effectively; Able to read and interpret written information.

**Teamwork** - Balances team and individual responsibilities; Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit; Puts success of team above own interests; Able to build morale and group commitments to goals and objectives; Supports everyone's efforts to succeed.

**Visionary Leadership** - Displays passion and optimism; Inspires respect and trust; Mobilize others to fulfill the vision; Provides vision and inspiration to peers and subordinates.

**Change Management** - Develops workable implementation plans; Communicates changes effectively; Builds commitment and overcomes resistance; Prepares and supports those affected by change; Monitors transition and evaluates results.

**Delegation** - Delegates work assignments; Matches the responsibility to the person; Gives authority to work independently; Sets expectations and monitors delegated activities; Provides recognition for results.

**Leadership** - Exhibits confidence in self and others; Inspires and motivates others to perform well; effectively influences actions and opinions of others; Accepts feedback from others; Gives appropriate recognition to others.

**Managing People** - Includes staff in planning, decision-making, facilitating and process improvement; Takes responsibility for subordinates' activities; Makes self-available to staff; Provides regular performance feedback; Develops subordinates' skills and encourages growth; Solicits and applies customer feedback (internal and external); Fosters quality focus in others; Improves processes, products and services.; Continually works to improve supervisory skills.

**Quality Management** - Looks for ways to improve and promote quality; Demonstrates accuracy and thoroughness.

**Diversity** - Demonstrates knowledge of EEO policy; Shows respect and sensitivity for cultural differences; educate others on the value of diversity; promotes a harassment-free environment; Builds a diverse work force.

**Ethics** - Treats people with respect; Keeps commitments; inspires the trust of others; Works with integrity and ethically; Upholds organizational values.

**Organizational Support** - Follows policies and procedures; Completes administrative tasks correctly and on time; supports organization's goals and values; Benefits organization through outside activities; Supports affirmative action and respects diversity.

**Strategic Thinking** - Develops strategies to achieve organizational goals; Understands organization's strengths & weaknesses; Analyzes market and competition; Identifies external threats and opportunities; Adapts strategy to changing conditions.

**Judgement** - Displays willingness to make decisions; Exhibits sound and accurate judgment; Supports and explains reasoning for decisions; Includes appropriate people in decision-making process; Makes timely decisions.

**Motivation** - Sets and achieves challenging goals; Demonstrates persistence and overcomes obstacles; Measures self against standard of excellence; Takes calculated risks to accomplish goals.

**Planning/Organizing** - Prioritize and plans work activities; Uses time efficiently; Plans for additional resources; Sets goals and objectives; Organizes or schedules other people and their tasks; Develops realistic action plans.

**Professionalism** - Approaches others in a tactful manner; Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions; Follows through on commitments.

**Quality** - Demonstrates accuracy and thoroughness; Looks for ways to improve and promote quality; Applies feedback to improve performance; Monitors own work to ensure quality.

Quantity - Meets productivity standards; Completes work in timely manner; Strives to increase productivity; Works quickly.

Safety and Security - Observes safety and security procedures; Determines appropriate action beyond guidelines; Reports potentially unsafe conditions; Uses equipment and materials properly.

Adaptability - Adapts to changes in the work environment; Manages competing demands; Changes approach or method to best fit the situation; Able to deal with frequent change, delays, or unexpected events.

Attendance/Punctuality - Is consistently at work and on time; Ensures work responsibilities are covered when absent; Arrives at meetings and appointments on time.

Dependability - Follows instructions, responds to management direction; Takes responsibility for own actions; Keeps commitments; Commits to long hours of work when necessary to reach goals. Completes tasks on time or notifies appropriate person with an alternate plan.

Initiative - Volunteers readily; Undertakes self-development activities; Seeks increased responsibilities; Takes independent actions and calculated risks; Looks for and takes advantage of opportunities; Asks for and offers help when needed.

Innovation - Displays original thinking and creativity; Meets challenges with resourcefulness; Generates suggestions for improving work; Develops innovative approaches and ideas; Presents ideas and information in a manner that gets others' attention.

#### **QUALIFICATION REQUIREMENTS:**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

#### **EDUCATION and EXPERIENCE:**

High school diploma or general education degree (GED), or any equivalent vocational program and a minimum of ten (10) years experience in any one of the following: architecture, engineering, plans examiner, building code inspector, registered or certified contractor or construction superintendent with at least 5 years of such experience in supervisory positions. An applicant may have only 5 years of total experience as stated above but must have at least 5 years of postsecondary education in the field of construction or related field. Must have a valid Florida Driver's License - driving record must be acceptable to the City insurance program.

Must be State certified pursuant to F.S. 468 as a Building Code Administrator or be eligible to receive a provisional certificate from the Florida Building Code Administrators and Inspectors Board and obtain that certificate within sixty (60) days of hire.

At least three (3) certifications as issued by the Department of Business and Professional Regulation with at least one certification in a building code inspector category with preference given to the following categories: Building Inspector, Electrical Inspector, Mechanical Inspector, One and Two Family Dwelling Inspector, or Plumbing Inspector.

No person may be employed by the City to perform the duties of a building code administrator, plans examiner, or building code inspector after October 1, 1993, without possessing the proper valid certificate issued in accordance with the provisions of F.S. 468.601 – 468.633. Any person who acts as an inspector and plans examiner under F.S. 235.26 while conducting activities authorized by certification under that section is certified to continue to conduct inspections for the City until the person's UBCI certification expires, after which time such person must possess the proper valid certification issued in accordance with F.S. 468-601 – 468.633.

**LANGUAGE SKILLS:**

Ability to read and interpret plans, specifications, and blueprints accurately and to compare them with the construction in process. Ability to write routine correspondence. Ability to maintain effective working relationships with building owners and contractors.

**MATHEMATICAL SKILLS:**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs. Ability to calculate accurately.

**REASONING ABILITY:**

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

**OTHER REQUIREMENTS:**

Proficient knowledge of building construction materials, practices and methods of design; ability to detect structural and other faults and to recommend their correction; working knowledge of City Building Codes; good judgement; good physical condition; and must pass Civil Service exam and typing test.

**PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel and talk or hear. The employee is frequently required to stand; walk; sit and reach with hands and arms. The employee is occasionally required to climb or balance; stoop, kneel, crouch, or crawl.

The employee must occasionally lift and/or move up to 100 pounds and occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

**WORK ENVIRONMENT:**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to wet and/or humid conditions; moving mechanical parts; high, precarious places; toxic or caustic chemicals; risk of electrical shock; explosives and risk of radiation. The noise level in the work environment is usually loud to very.

I hereby acknowledge receipt of the job description and certify that I meet the qualification requirements stated herein and I am able to perform the essential duties and responsibilities of this position. I acknowledge that in addition to the duties outlined above I may be required to perform additional duties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## MEMO

To: Full-Time General Employee  
From: Mary Jan Bossert, Senior Administrative Support Specialist-Civil Service  
Subject: **CURRENT BENEFITS FOR EMPLOYEES HIRED AS OF 06/01/2017:**

**ANNUAL LEAVE:** Leave begins accruing immediately; however, cannot be used until six (6) months service has been completed:

<u>Years Of Service Completed</u>	<u>Annual Leave Cap Available (work days)</u>
1 to 5 years:	12 days ( 96 hours)
6 to 10 years:	15 days (120 hours)
11 to 15 years:	18 days (144 hours)
16 to 20 years:	21 days (168 hours)
21 + years:	24 days (192 hours)

At the end of the year, any unused annual leave will be placed in your vacation bank (up to 240 total hours). Time will be accrued bi-weekly & shown on each paycheck. After the 240 hours are filled, any unused annual leave will be lost and cannot be used the following year.

**SICK LEAVE:** 1 day earned per month, beginning immediately. However, sick leave cannot be used during the first three (3) months of service. Sick Leave Pool available if eligible. Sick Leave can be accumulated, with no maximum.

**RETIREMENT:** Vested after 10 years. Regular employees have 8.7% of salary deducted from paycheck and the City pays the balance. Employee will be eligible for regular retirement at age 50 + 20 years employment or age 55 + 10 years employment; early retirement available at 48 + 10 years employment at reduced rate. Retiree may retain health insurance, but must pay premiums at City's cost.

**HOLIDAYS:** 11 Holidays per year, plus Birthday. Holidays are: New Years' Day, Presidents' Day, Memorial Day, July 4th, Labor Day, Veterans' Day, Thanksgiving Day & Day after (Friday), Christmas Eve, Christmas Day, and New Year's Eve.

**INSURANCE\*:** Blue Cross/Blue Shield Health, Guardian Dental & Life Insurance premiums are paid in full by the City for Employee. BC/BS Tiered Family Coverage available, but paid by Employee via paycheck. (Spouse only \$684.60/month; Child(ren) \$413.60/month; and Family \$1,129.05/month). Family Dental Coverage: \$59.38/mo. Vision Coverage available: Employee \$7.06/mo.; Employee & Spouse \$11.30/mo.; Employee & Child \$11.54/mo.; and Family Coverage \$18.60/mo. (Note: Insurance coverage takes effect ninety (90) days after employment).

\*Rough estimates—not necessarily exact.

**VALIC:** Optional 457 Deferred Compensation Plan – See Human Resources for more details.

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## CITY OF PANAMA CITY BEACH BACKGROUND INQUIRY

### **PRE-EMPLOYMENT BACKGROUND INQUIRY CONSENT AND NOTICE:**

As a condition of employment by the City of Panama City Beach, you must consent to a background inquiry. Such background inquiry may include:

- (1) Obtaining criminal background information including a Florida Crime Information Center records check:
- (2) Contacting references and former employers:
- (3) A drivers' license record check:
- (4) A civil court records check:

By signing this form, I consent to such a background inquiry and understand that such inquiry is part of the City of Panama City Beach's pre-employment requirements. I also consent to such a background inquiry at any time during my employment if hired by the City of Panama City Beach as a condition of my employment. Finally, I understand that any misrepresentation on my employee application may result in disqualification for employment with the City of Panama City Beach and, if I am actually hired, any misrepresentation may result in immediate dismissal, whenever discovered.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



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## CITY OF PANAMA CITY BEACH DRUG-FREE WORKPLACE POLICY

**PRE-EMPLOYMENT CONSENT AND NOTICE: ALCOHOL AND/OR SUBSTANCE TESTING AS PART OF PRE-EMPLOYMENT MEDICAL EXAMINATION FOR ALL SAFETY SENSITIVE EMPLOYEES.**

As a condition of employment by the City of Panama City Beach, you must submit to a controlled or illegal substance and/or alcohol screening test; and as required, possess or submit to a current physical exam for positions that require such.

By signing this form, you are acknowledging that you consent to such a medical exam and screening test(s), and that you understand such testing is part of the City of Panama City Beach's Drug-Free Workplace Policy. You are also acknowledging that failure to successfully pass the test(s) will result in disqualification for employment with the City of Panama City Beach. If selected for employment you will be required to abide by the City's Drug-Free Workplace Policy and may be subject to future drug and/or alcohol screening.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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CIVIL SERVICE COMMISSION

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## SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for employment (both new hires and those assigned to work on Federal Contracts); retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

Social Security numbers are NOT public records, but may be released to other governmental or commercial entities as required by law.

This is to certify that I have read and understand the foregoing statement and agree to provide my social security number for the purpose(s) stated:

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Signature

Date

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2018</b>
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5			
6 Additional amount, if any, you want withheld from each paycheck	6 \$			
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b></p> <p>2. Form I-94 Admission Number: _____  <b>OR</b></p> <p>3. Foreign Passport Number: _____          Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

**STOP**    Employer Completes Next Page    **STOP**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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<b>List A</b>	<b>OR</b>	<b>List B</b>	<b>AND</b>	<b>List C</b>
<b>Identity and Employment Authorization</b>		<b>Identity</b>		<b>Employment Authorization</b>
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write in This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See Instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport, and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		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>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.