



City of

# Panama City Beach

17007 Panama City Beach Parkway PCB, FL. 32413  
P: (850) 233-5100 • F: (850) 233-5108  
www.pcbgov.com

**CIVIL SERVICE COMMISSION**

Bill Montfort, Chair  
Mark Neitzel  
Larry Couch Sr.  
James Turner

## MEMO

**To:** Fire Department-Firefighter Trainee  
**From:** Sherry A. Herrington, Senior Administrative Support Specialist-Civil Service  
**Subject:** Materials to be included with applications  
**Date:** March 8, 2019

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

1. Valid Florida Drivers' License
2. Social Security Card
3. High School Diploma or G.E.D., Certificate or College Diploma
4. DD-214 DD-214 (Military Service related)
5. Birth Certificate (Form DS1350)
6. Marriage Certificate (If name varies from driver license)
7. Letters of Recommendation, Commendations, Awards (if available)
8. Resume' (if available)
9. Training Certificates (if available)
10. Signed Drug Test Authorization
11. Signed Background Check Authorization
12. Signed Social Security Number Collection Disclosure Statement
13. Signed Job Description
14. Signed **Hand-Written** Statement of Intent
15. Signed W-4 for IRS
16. Signed I-9 Federal Form
17. Required Civil Service Test(s)

**COMPLETE ALL LINES OF APPLICATION**

Forms or question not applicable place N/A on the area/page, sign it, and include with your packet.

**Please DO NOT print application double sided.**

Application, all required documents and testing must be completed in order to be considered for an interview.

The City of Panama City Beach is a Drug-Free Workplace and an Equal Opportunity Employer.  
The City reserves the right to modify(reduce/extend) a deadline at any time based on specific needs of the City.

Mayor  
Mike Thomas

Vice Mayor  
Phil Chester

Ward 1  
Paul Casto

Ward 3  
Geoff McConnell

Ward 4  
Hector Solis

City Manager  
Mario Gisbert

**CITY OF PANAMA CITY BEACH  
Job Description**

**JOB TITLE: Firefighter Trainee**

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**SALARY RANGE:** \$11.64 – 18.29/hr.  
**SHIFT:** Varies (2756 hours annually)  
**LOCATION:** Fire Department  
**REPORTS TO:** Fire Lieutenant  
**PREPARED BY:** City Clerk  
**APPROVED BY:** City Council

**PAY GRADE:** F28  
**DIVISION:** Fire Department  
**DEPT:** Fire Department  
**FSLA STATUS:** Non-Exempt  
**POSITION:** Permanent Full-Time  
**DATE:** 08/21/2014

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**SUMMARY:**

This position is a Trainee Firefighter's position responsible for performing all required fire suppression, and other activities related to the emergency and non-emergency work of the fire service including emergency medical incidents and rescue.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:**

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

Combats, extinguishes and works to prevent fires;

Performs rescues; responds to emergency medical incidents;

Drives vehicles and operates fire apparatus;

Performs routine maintenance of fire hydrants;

Performs pre-fire planning;

Conducts public relations work, as required;

Other related tasks as required.

**SUPERVISORY RESPONSIBILITIES:**

None

**COMPETANCIES:**

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

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.

**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; 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.

**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.

**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** - 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** - Shows respect and sensitivity for cultural differences; educate others on the value of diversity; promotes a harassment-free environment; Builds a diverse workforce.

**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.

**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.

**Planning/Organizing** - Uses time efficiently; sets goals and objectives; 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; must follow safety guidelines provided by the City and department; and must be dependable. 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:**

Must have a high school diploma or general education degree (GED). Florida Bureau of Fire Standards and Training Certification (Firefighter II Compliant) or be enrolled in a class and complete within one (1) year from date of hire. Must possess an Emergency Medical Technician license for the State of Florida or be enrolled in a class and complete within one (1) year from date of hire. (EMTs must be willing to become firefighter certified and or certified firefighters must be willing to become EMT certified at a minimum).

Applicants must have passed the Firefighter Examination administered through Civil Service with a minimum score of seventy percent (70%) and must have passed the physical agility testing through Bay County (done twice a year).

**CERTIFICATES, LICENSES, REGISTRATIONS:**

Valid State of Florida Firefighter II Certification.

Valid Florida EMT and/or Paramedic Certification.

Current Florida Driver's License - driving record must be acceptable to the City insurance program.

**LANGUAGE SKILLS:**

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups, as well as one on one.

**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.

**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.

**COMPUTER SKILLS:**

To perform this job successfully, an individual should have knowledge of Internet software; Spreadsheet software and Word Processing software.

**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 occasionally required to stand; walk; sit; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; talk or hear and taste or smell. The employee must regularly lift and /or move up to 50 pounds, frequently 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; fumes or airborne particles; toxic or caustic chemicals; outside weather conditions; extreme cold; extreme heat; risk of electrical shock; explosives; risk of radiation and vibration. The noise level in the work environment is usually moderate.

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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## CIVIL SERVICE COMMISSION

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Michael Jarman, Vice-Chair  
Mark Neitzel  
Larry Couch Sr.  
James Turner

### MEMO

**To:** Certified Fire Department Applicants  
**From:** Sherry A. Herrington, Senior Administrative Support Specialist – Civil Service  
[sherrington@pcb.gov](mailto:sherrington@pcb.gov)

**Subject:** CURRENT BENEFITS FOR EMPLOYEES HIRED AS OF 06/01/17:

**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	(127.20 hours)
6 to 10 years:	15 days	(159.00 hours)
11 to 15 years:	18 days	(190.80 hours)
16 to 20 years:	21 days	(222.60 hours)
21 + years:	24 days	(254.40 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. The City’s pay periods are bi-weekly, there are 26 pay periods in a 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:** Certified Fire Fighters are vested after 10 years of employment. You are eligible for retirement upon attainment of age 50 and the completion of 20 years of credited service or the attainment of age 55 and the completion of 10 years of credited service. You have the option at the time of employment to elect to be eligible for retirement upon completion of 25 years credited service regardless of age. This election is irrevocable. The amount of normal retirement benefit is based on your credited service and average final compensation. See Firefighters’ Pension Plan Summary for more details.

**HOLIDAYS:** 11 holidays per year, plus Birthday. Regular 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 Years’ 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. (Blue Option LG Plan 03559 Spouse only \$630.00/month; Child(ren) \$540.00/month; and Family \$1,200.00/month) (Blue Option LG Plan HDHP Spouse only \$508.00/month; Child(ren) \$444.00/month; and Family \$967.00/month). Spouse Dental Coverage only \*\*\$33.65/month; Child(ren) \*\*\$47.61/month; Family Dental Coverage; \*\*\$84.46/month. Vision Coverage available: (VSP Plan: Employee only: \$7.06/month; Spouse only \$11.30/month; Child(ren) \$11.54/month; and Family \$18.60/month) (Davis Plan: Employee only: \$6.65/month; Spouse only \$10.64/month; Child(ren) \$10.87/month; and Family \$17.52/month) (Note: Insurance coverage takes effect ninety (90) days after employment).

\*Rough estimates—not necessarily exact.

\*\*Changes to Dental rates as of 3.29.2019

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

Mayor Mike Thomas	Vice Mayor Phil Chester	Ward 1 Paul Casto	Ward 3 Geoff McConnell	Ward 4 Hector Solis	City Manager Mario Gisbert
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# 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.

PLEASE COMPLETE ENTIRE APPLICATION INCLUDING YOUR NAME OF EACH PAGE.

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
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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: \_\_\_\_\_

**Statement as to what you will bring to this position and why you wish to work for the City of Panama City Beach:**

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**I certify that the above statement is submitted in my own **handwriting**.**

\_\_\_\_\_  
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 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)



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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) Criminal background including a Florida Crime Information Center records check
- (2) Contacting references and former employers
- (3) Drivers' license record check:
- (4) 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 hired, any misrepresentation may result in immediate dismissal, whenever discovered.

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

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

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

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

Mayor  
Mike Thomas

Vice Mayor  
Phil Chester

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Paul Casto

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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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**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:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mayor**  
Mike Thomas

**Vice Mayor**  
Phil Chester

**Ward 1**  
Paul Casto

**Ward 3**  
Geoff McConnell

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**City Manager**  
Mario Gisbert



Employee only: \$6.65/month; Spouse only \$10.64/month; Child(ren) \$10.87/month; and Family \$17.52/month) (Note: Insurance coverage takes effect ninety (90) days after employment).

\*Rough estimates—not necessarily exact.

\*\*Changes to Dental rates as of 3.29.2019 - Do you want this or change the date on the subject line?

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

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2020**

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works** Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### Future Developments

For the latest information about 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 of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

**Step 4 (optional).**

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b) – Multiple Jobs Worksheet** *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . 1 \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
  
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet** *(Keep for your records.)*



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income . . . . . 1 \$ \_\_\_\_\_
  
- 2 Enter:  $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
  
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
  
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,780	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



**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 <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<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>        2. Form I-94 Admission Number: _____  <b>OR</b>        3. Foreign Passport Number: _____        Country of issuance: _____</p>	<p>OR Code - Section 1        Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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

SICPI **Employer Completes Next Page** SICPI



**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.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
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 <b>Senior Administrative Support Specialist</b>	
<b>Herrington</b>		<b>Sherry</b>		Employer's Business or Organization Name <b>City of Panama City Beach</b>
Employer's Business or Organization Address (Street Number and Name) <b>17007 Panama City Beach Parkway</b>		City or Town <b>Panama City Beach</b>	State <b>FL</b>	ZIP Code <b>32413</b>

**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.

<p align="center"><b>LIST A</b></p> <p align="center"><b>Documents that Establish Both Identity and Employment Authorization</b></p>	<p align="center"><b>OR</b></p>	<p align="center"><b>LIST B</b></p> <p align="center"><b>Documents that Establish Identity</b></p>	<p align="center"><b>AND</b></p> <p align="center"><b>LIST C</b></p> <p align="center"><b>Documents that Establish Employment Authorization</b></p>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p align="center"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>	

**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.**