

EMPLOYMENT APPLICATION

City of Palm Coast • 160 Lake Avenue • Palm Coast, Florida 32164 • Phone (386) 986-3718

Instructions

READ CAREFULLY. Complete all items. Incomplete or unsigned applications will not be processed. We welcome a resume; but the information requested in this application must be provided in full.

Applicants with disabilities may contact Human Resources to request the accommodation needed to enable them to complete this application. Due to the volume of applications received, only those applicants selected for an interview will be contacted. The City of Palm Coast is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

Today's Date : 4/11/2024 4:46:00 PM

Personal Information

POSITION APPLYING FOR

Community Development Director

FIRST NAME MIDDLE NAME LAST NAME

John Zobler

EMAIL ADDRESS

mohawk79@duck.com

Physical Address	Mailing Address
ADDRESS 1 4 Castle Ct	ADDRESS 1 same as physical
ADDRESS 2	ADDRESS 2
CITY, STATE ZIP Palm Coast, FL 32137	CITY, STATE ZIP

HOME PHONE ALTERNATE PHONE BEST TIME TO CALL
3865854583 3865625884 M-F 8 a.m. - 8 p.m.

☒ **Yes** ☐ **No** MAY WE CONTACT YOU AT WORK?

If **yes** : WORK PHONE BEST TIME TO CALL
3865625884 Anytime

☒ **Yes** ☐ **No** ARE YOU LAWFULLY ELIGIBLE TO WORK IN THE UNITED STATES?
(Verification of eligibility will be confirmed upon employment)

☒ **Yes** ☐ **No** ARE YOU AT LEAST 18 YEARS OF AGE?

☒ **Yes** ☐ **No** DO YOU POSSESS A VALID FLORIDA DRIVER'S LICENSE?

LICENSE ENDORSEMENTS:

Z146-460-57-406-0

☐ **Yes** ☒ **No** IS YOUR DRIVER'S LICENSE CURRENTLY RESTRICTED, SUSPENDED, OR EXPIRED?

☐ **Yes** ☒ **No** HAVE YOU PLEADED NOLO CONTENDERE TO, OR BEEN CONVICTED OF A FELONY?

☐ **Yes** ☒ **No** HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF PALM COAST?

☐ **Yes** ☒ **No** DOES THE CITY OF PALM COAST EMPLOY ANY RELATIVE (BY BLOOD OR MARRIAGE) OF YOURS?

If **yes**, give the name, relationship and department where they work.

Referral Source

☐ Newspaper ☐ Cty Website ☒ Job Posting ☐ Relative
☐ Walk-In ☐ Job Service of FL ☐ School ☐ Agency
☐ Employee ☐ Word Of Mouth

TYPE OF EMPLOYMENT SOUGHT

Military History

☐ **Yes** ☒ **No** HAVE YOU EVER BEEN A MEMBER OF THE UNITED STATES ARMED SERVICES?

☐ **Yes** ☒ **No** ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE MILITARY OR NAVAL RESERVES

If **yes** : BRANCH

☐ **Yes** ☒ **No** DO YOU WISH TO ASSERT VETERANS' PREFERENCE?

NOTE: If hired you will be asked to provide a copy of your DD-214.

Education

☒ **Yes** ☐ **No** DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?

☒ **Yes** ☐ **No** HAVE YOU ATTENDED COLLEGE OR VOCATIONAL SCHOOL?

Institutional Learning

SCHOOL NAME	LOCATION	MAJOR	DEGREE
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☐ Yes ☒ No ARE YOU CURRENTLY IN PURSUIT OF A DEGREE?

IF YES, COURSE OF STUDY AND NUMBER OF CREDITS EARNED

Skills & Work History

SPECIALIZED SKILLS: Please list any pertinent skills or knowledge that you may have (computer, computer software, office machines you can operate; machinery or heavy equipment you can or have operated; professional or occupational licenses you hold; mechanical, electrical, construction tools/equipment, etc.). **Be very specific**, particularly when describing computer related knowledge and/or skills.

Skills

ADDITIONAL SKILLS: COMPUTER SOFTWARE: MACHINERY/HEAVY EQUIPMENT: LICENSES/CERTIFICATIONS:

Work History

WORK HISTORY: Please list ALL employment and volunteer experience, including temporary and part-time, for the past ten years. **Begin with your present or most recent employer.** Give complete names/addresses/phone numbers. Account for all periods of time, including unemployment and service in the Armed Forces. Include types of equipment operated. If you were employed under a different name, please enter that name in the left hand margin of the application. Please complete fully. If work history is incomplete, your application may be rejected. Do not attach resume in place of completed application.

☒ Yes ☐ No MAY WE CONTACT YOUR CURRENT EMPLOYER?

IF NO, WHEN MAY WE CONTACT?

PLEASE EXPLAIN ANY GAPS OF MORE THAN 60 DAYS IN YOUR EMPLOYMENT

CITY OF OCALA	
ADDRESS	SUPERVISOR'S NAME
110 SE Watula Avenue	City Council (City Council)
CITY, STATE ZIP	JOB TITLE
Ocala, FL 34471	City Manager
USA	
PHONE NUMBER	HOURS PER WEEK
3524016942	40
SALARY	START DATE
\$185,000.00/yr	11/3/2014
YEARS EMPLOYED	TERM DATE
5.2	1/1/2020
WORK DESCRIPTION	
Administrative Officer over all City Departments. Implement the policies and goals approved by City Council.	
REASON FOR LEAVING	
Retirement	

CITY OF OCALA	
ADDRESS	SUPERVISOR'S NAME
110 SE Watula Avenue	Matthew Brower (City Manager)
CITY, STATE ZIP	JOB TITLE
Ocala, FL 34471	Deputy City Manager
USA	
PHONE NUMBER	HOURS PER WEEK
3524016942	40
SALARY	START DATE
\$125,000.00/yr	1/4/2010
YEARS EMPLOYED	TERM DATE
3.9	11/29/2013
WORK DESCRIPTION	
Provide management oversight and direction over the Planning and Zoning, Building, Code Enforcement, Fire and Airport Departments.	
REASON FOR LEAVING	
Early Retirement	

CITY OF OCALA	
ADDRESS	SUPERVISOR'S NAME
110 SE Watula Avenue	Ricky Horst (City Manager)
CITY, STATE ZIP	JOB TITLE
Ocala, FL 34471	Assistant City Manager
USA	
PHONE NUMBER	HOURS PER WEEK
3524016942	40
SALARY	START DATE
\$125,000.00/yr	1/7/2008
YEARS EMPLOYED	TERM DATE
5.9	11/29/2013
WORK DESCRIPTION	
Provide management oversight and direction over the Planning and Zoning, Building, Code Enforcement, Fire and Airport, Recreation and Parks Departments.	
REASON FOR LEAVING	
Promoted to Deputy City Manager	

CITY OF OCALA	
ADDRESS	SUPERVISOR'S NAME
110 SE Watula Avenue	Paul Nugent (City Manager)
CITY, STATE ZIP	JOB TITLE
Ocala, FL 34471	Public Works Director
USA	
PHONE NUMBER	HOURS PER WEEK
3524016942	40
SALARY	START DATE
\$75,000.00/yr	2/1/1999

YEARS EMPLOYED	8.9	TERM DATE	1/7/2008
WORK DESCRIPTION			
Provide management oversight and direction over the Planning and Zoning, Building, Code Enforcement, Fire and Airport, Recreation and Parks Departments.			
REASON FOR LEAVING			
Promoted to Assistant City Manager			
MIAMI-DADE COUNTY			
ADDRESS		SUPERVISOR'S NAME	
111 NW 1 Street		Stanley Ochmanski (Assistant Public Works Director)	
CITY, STATE ZIP		JOB TITLE	
Miami, FL 33128 USA		Numerous titles: Director of Animal Control, Director of Causeways, Director of Special Taxing Distr	
PHONE NUMBER		HOURS PER WEEK	
3853752653		40	
SALARY		START DATE	
\$75,000.00/yr		1/16/1984	
YEARS EMPLOYED		TERM DATE	
14.8		10/16/1998	
WORK DESCRIPTION			
Management of staff, budget and operations			
REASON FOR LEAVING			
Relocation to Ocala			

References

Please provide three former references to include previous employers.

NAME	OCCUPATION
Musleh, Jay	City Councilman
CITY, STATE ZIP	
Ocala, FL 34471	
HOME PHONE	WORK PHONE
(352) 812-4225	
ALTERNATE PHONE	
EMAIL	
Jmusleh@ocalafl.org	
NAME	OCCUPATION
Malever, Brent	Retired City Councilman
CITY, STATE ZIP	
Ocala, FL 34471	
HOME PHONE	WORK PHONE
(352) 895-8063	
ALTERNATE PHONE	
EMAIL	
brentmal@aol.com	
NAME	OCCUPATION
Clark, Bradd	Deputy Fire Chief
CITY, STATE ZIP	
Palm Coast, FL 32164 USA	
HOME PHONE	WORK PHONE
9183816938	3869862477
ALTERNATE PHONE	
EMAIL	
Bclark@palmcoastgov.com	

APPLICANT'S CERTIFICATION AND AGREEMENT

Thank you for completing this application form and for your interest in employment with us. The City of Palm Coast is an equal opportunity employer and does not discriminate on the basis of race, religion, color, age, gender, national origin or disability.

Pursuant to Chapter 119, Florida Statutes – Public Records Law, personnel records and job applications, except for certain items specifically exempted from the Public Records Law, are open for inspection by any person.

PLEASE READ CAREFULLY BEFORE SIGNING

STATUS: I understand that positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full time positions, with the exception of FICA and Worker's Compensation.

PROBATION PERIOD: I understand that if hired, my position with the City of Palm Coast is temporary during the established initial probationary period. My employment may be ended before the expiration of that period for any reason, without recourse.

PHYSICAL EXAMINATION\DRUG\ALCOHOL TESTING: I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the Americans With Disabilities Act (ADA). I further understand that the physical examination may include a drug and alcohol-screening test. Any illegal or controlled substance, which shows in my test results, will cause my immediate disqualification for employment with the City of Palm Coast.

STATEMENT OF APPLICATION: I understand and acknowledge that previous employers will be contacted for references. I hereby authorize former employers to furnish any and all records of my service with them. I also release my former employers from any liability for any damage in providing this information. I also authorize educational institutions to furnish any records of education-related information they may have concerning me.

CERTIFICATION: I understand that this application must be completed in full. Incomplete applications may be rejected. I agree that any false or misleading information provided by me will be cause for canceling the application process. If hired by the City of Palm Coast, after my hire date, it may cause my dismissal from City service. I have answered all the questions on this form completely and truthfully. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures and policies of the City of Palm Coast.

APPLICANT SIGNATURE	DATE
John Zobler	4/11/2024 4:46:00 PM