

CITY OF INDIAN ROCKS BEACH



APPLICATION FOR EMPLOYMENT

The City of Indian Rocks Beach is an equal opportunity employer and will not discriminate on the basis of race, color, sex, religion, national origin, marital status or disability.

In order to be considered for employment, you must complete and sign this application. Incomplete and/or unsigned applications will not be considered. All information on this application is subject to verification.

Assistance in completing this application is available upon request.

PERSONAL DATA

Please Print

Date _____	
Name _____	
Other names or nicknames used _____	
Address _____	
E-Mail Address _____	Phone Number _____
Emergency Contact _____	_____
Name	Phone Number
Address _____	

Are you legally eligible to work in the United States? Yes ___ No ___	
Are you related to anyone employed with the City of Indian Rocks Beach? Yes ___ No ___	
If yes, please complete the following: _____	
Name of Employee	
_____	_____
Position held	Relationship

Have you ever been convicted of any crime or pled nolo contendere (no contest) to a crime, regardless of adjudication? Yes ___ No ___	
If yes, explain: _____	

Answering "yes" may not necessarily disqualify you from consideration from employment. A number of factors, such as the nature of the offense, your age at the time, importance in time, etc., will be considered.	

EMPLOYMENT DESIRED

Position you are applying for _____

Salary desired: \$ _____ Date available to start _____

How did you hear about position _____

Can you perform essential functions of the position for which you are applying, with or without reasonable accommodation? Yes ___ No ___

Type of employment applying for: Full Time _____ Part Time _____ Temporary _____

For **part-time** employment, list days & hours available:

Mon _____ to _____ Tue _____ to _____ Wed _____ to _____ Thur _____ to _____ Fri _____ to _____ Sat _____ to _____

Temporary Dates Available From _____ To _____
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EDUCATIONAL

High School: Did you graduate from high school? Yes ___ No ___
If no, do you possess a G.E.D.? Yes ___ No ___

Last High School Attended:

Name	Location

College or University:

Name	Location	Dates Attended	Degree Awarded	Major

Vocational, Trade, Training:

Type of Training	Conducted By	Date Completed

Additional Education Information:

Professional Memberships:

EMPLOYMENT (Attach additional sheets if necessary)

Current/Last Employer: _____

Address _____

Phone _____ Immediate Supervisor Name _____

Dates of Employment _____ Starting Pay _____ Ending Pay _____

Position(s) Held _____

Duties _____

Reason for Leaving _____

Employer: _____

Address _____

Phone _____ Immediate Supervisor Name _____

Dates of Employment _____ Starting Pay _____ Ending Pay _____

Position(s) Held _____

Duties _____

Reason for Leaving _____

Employer: _____

Address _____

Phone _____ Immediate Supervisor Name _____

Dates of Employment _____ Starting Pay _____ Ending Pay _____

Position(s) Held _____

Duties _____

Reason for Leaving _____

Employer: _____

Address _____

Phone _____ Immediate Supervisor Name _____

Dates of Employment _____ Starting Pay _____ Ending Pay _____

Position(s) Held _____

Duties _____

Reason for Leaving _____

ADDITIONAL INFORMATION

Have you left any gaps of time which are not accounted for? Yes___ No___

If yes, please explain: _____

Are you currently employed? Yes___ No___

If yes, may we contact your employer? Yes___ No___

If no, state reason: _____

If you are applying for a position which involves driving of any type, check the types of vehicles you are qualified through experience or otherwise, to operate:

Passenger Car ___ Light Truck ___ Heavy Truck or Tractor ___ Other _____

Driver License # _____ State ___ Expiration Date _____

Do you own an automobile? Yes___ No___ If yes, Make _____ Year _____

Do you have auto insurance? Yes___ No___

Has it ever been canceled or renewal refused? Yes___ No___

Have you been involved in an at fault accident in the past three years? Yes___ No___

Has your driver's license ever been suspended or revoked? Yes___ No___

Do you have any Safety Awards for "no accident" driving? Yes___ No___

References:

List **three** references, not relatives, who are available for contact

Name	Address	Phone Number

VETERAN'S PREFERENCE

If you are an honorably discharged veteran, you may be eligible for Veteran's Preference in consideration of your application for employment. Substantiating documents as designated under the Florida Administrative Code must be furnished at the time of application.

Do you request a Veteran's Preference? Yes ___ No ___ If yes, please designate the basis for your preference below.

- _____ 1. As a Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.
- _____ 2. As the spouse of a Veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a Veteran missing in action, captured or forcibly detained by foreign power.
- _____ 3. As a Veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.
- _____ 4. As the un-remarried spouse of a Veteran who was killed in action, or died of a service-connected disability.

Branch of Service

Date of Entry

Date of Discharge

Have you been employed by a covered employer since October 1, 1987? Yes ___ No ___

If yes, name of employer: _____

Note: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295.08 may file a complaint with THE DIVISION OF VETERANS' AFFAIRS, P. O. Box 1437, St. Petersburg, FL 33731 within 21 calendar days from the date of notice of hiring decision.

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the City of Indian Rocks Beach or its agents to conduct a thorough investigation into my current or prior employment and any other area of my background including criminal background (regardless of adjudication) which the City believes relevant to my employment. I do further fully consent to the release and disclosure to the City or its agent from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability the City or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations or government agencies disclosing such information.

I acknowledge that any false information provided by me to the City or by others at my direction, either on this application or otherwise, shall constitute grounds for immediate discharge, regardless of when the false information is discovered by the City. Additionally, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which is deemed by the City to be unsatisfactory shall constitute grounds for immediate discharge, also regardless of when discovered.

Finally, I understand that the City may require a medical or other examination at the time an employment offer is extended and may condition an offer of employment on the successful completion of that examination. Employees and applicants are also subject to drug and alcohol testing at the discretion of the City. Polygraph examinations may also be required by the City where permissible by law.

Signature of Applicant

Printed Name

Date

