

APPLICATION FOR EMPLOYMENT



Mail to:
City of Belleair Beach
City Clerk's Office
444 Causeway Boulevard
Belleair Beach, Florida 33786

Phone: (727) 595-4646
Fax: (727) 593-1409

Hand Deliver/FedEx to:
City of Belleair Beach
City Clerk's Office
444 Causeway Boulevard
Belleair Beach, Florida 33786

E-mail: pentry@cityofbelleairbeach.com
Web Site: www.cityofbelleairbeach.com

Please complete each item in the following application in legible handwriting, printing, or type. Black ink is preferred. To be considered for employment the **application must be completed in its entirety**. Please list **only one position per application**.

PERSONAL DATA

- Application Date
- Name— Last, First, M.I.
- Street Address
- City, State, & Zip Code
- Home Phone
- Work Phone
- E-Mail Address
- Valid Driver's License YES NO CDL Please specify class

EMPLOYMENT INFORMATION

Position for which you are Applying:
(List Only One Position Per Application)

- Salary Expected: Hourly Annual
- Are you seeking Full Time Part Time Seasonal
- Are you able to work the hours required by the position? YES NO
- Have you ever filed an application with the City before? YES NO
- Have you ever been employed with the City before? YES NO
- Do you have any relatives currently employed by the City? YES NO
- Are you under the age of 18? YES NO
- Are you legally authorized to work in the U.S.? YES NO

If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the United States.

The City of Belleair Beach is a Drug-Free Workplace Employer and requires applicants and employees to submit to Drug Testing. The City is an Equal Employment Opportunity Employer and will consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Individuals who require accommodations in order to complete the employment application process should contact the City Clerk at the phone number, e-mail or mailing address listed above.

How did you hear about this position? Newspaper Website Employee/Friend Other

KNOWLEDGE & SKILLS

Please list any knowledge, skills, and abilities you possess and believe relevant to the position you seek, such as operating equipment (specific types), computer skills (specific programs), typing wpm, dictation, etc.

REFERENCES

Please list three persons, other than relatives who have knowledge of your work experience and/or education.

NAME & ADDRESS

OCCUPATION

PHONE NUMBER

EDUCATION & TRAINING

HIGH SCHOOL, COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL

Select highest grade completed: 0 Received Diploma? YES NO

Highest Degree Attained:

Year Received:

Name of School

City / State

Degree, Major or Type of Course

JOB RELATED TRAINING AND COURSE WORK (Please provide institution name, location and date(s) of attendance)

BACKGROUND

Have you ever been discharged, terminated, fired or forced to resign from a job? YES NO

If yes, explain, giving name and address of employer, approximate date, and reason in each case.

Have you ever been convicted of a criminal Drug or Alcohol Offense? YES NO

If yes, please give dates and explanation:

Have you ever been convicted of a felony? YES NO

If yes, please list each offense:

An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.

Please list all current and/or previous employment. Begin with your current or most recent position and list all previous positions in chronological order. If additional space is needed please submit supplemental sheets, resumes may be included.

May we contact your current employer? YES NO If No, explain:

Employer Name:

Dates of Employment:

Address:

Phone Number:

Salary (Begin & Ending):

Supervisor's Name:

Full Time Part Time

Reason for Leaving:

Position Held:

Duties/Responsibilities:

Employer Name:

Dates of Employment:

Address:

Phone Number:

Salary (Begin & Ending):

Supervisor's Name:

Full Time Part Time

Reason for Leaving:

Position Held:

Duties/Responsibilities:

Employer Name:

Dates of Employment:

Address:

Phone Number:

Salary (Begin & Ending):

Supervisor's Name:

Full Time Part Time

Reason for Leaving:

Position Held:

Duties/Responsibilities:

Employer Name:

Dates of Employment:

EMPLOYMENT HISTORY

Address:

Phone Number:

Salary (Begin & Ending):

Supervisor's Name:

Full Time

Part Time

Position Held:

Reason for Leaving:

Duties/Responsibilities:

ADDITIONAL FACTS

Please include any additional information that you think would be helpful to us in considering you for employment.

STATEMENTS OF AFFIRMATION AND AUTHORIZATION

AFFIRMATION

I understand that any employment offer will be contingent upon the successful completion of a pre-placement medical examination and background investigation. As a part of the City's requirement for a work force free from drugs, the pre-placement medical examination will include a drug/alcohol test.

To the best of my knowledge all information on this application is true and correct. I understand any false statements, representations, or failure to disclose pertinent information is sufficient cause for dismissal from the City's employment if hired.

I understand that an offer of employment is not an employment contract and that either the City or I may terminate the employment relationship at any time.

AUTHORIZATION

I authorize and consent to every person, firm, company, corporation, governmental agency, medical facility or practitioner, association, court, school, college, university or institution having control of any documents, records and other information pertaining to me, to furnish such information, upon request by The City of Belleair Beach. I do also authorize the National Personnel Records Center and/or Army/Navy/Marine/Air Force/Coast Guard or their reserve components, to release information in their files about me to the City or its authorized agents.

This Authorization will serve as a release of any and all information and for this purpose a photo copy shall be considered an original and valid.

I have read and fully understand the contents of this statement of "Authorization".

Applicant's Signature:

Date:

Applicant's Signature:

Date:

VETERAN'S PREFERENCE – Veterans' preference will be given to eligible veterans and their spouses in accordance with Chapter 295 of the Florida Statutes. Are you claiming veterans' preference? Yes No
Documentation of proof must be attached to the application. Applicants qualifying for veterans' preference will have points awarded according to Florida Statutes.

City Clerk's Office

Date Application Entered:

Log Book Postcard Receipt

Entered by (initials):

Forward to:

Department:

Date Returned:

Filed By:

Hiring Department

Date Application Interviewed:

Applicant's Status (please check appropriate box)

- S Applicant selected
- N Did not show for interview
- I Insufficient applicable experience
- Q Does not meet minimum qualifications
- M Better matched candidate was chosen
- R Job was offered but rejected
- B Not best qualified

Comments:

Interviewer's Initials: