

CITY OF KEY COLONY BEACH

600 WEST OCEAN DRIVE
PO BOX 510141
KEY COLONY BEACH, FL 33051

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation or any other legally protected status.

Instructions: Please print or type all information. The application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of blank paper. On each additional page, include your name. You may attach copies of documents or certificates which support your application. All materials submitted become the property of the City and will not be returned. All statements made on the application are subject to verification. A separate application must be completed for each position applied for.

Date _____ Position Applying For _____

IDENTIFICATION / CONTACT INFORMATION

Name: Last _____ First _____ MI _____

Home Address _____

How long at this address? _____

Telephone - Home _____

Other _____

Driver's License Number _____

State _____ Expiration Date _____

Are you related to a City employee or is any member of your household employed by the city? (Yes/No) _____

If yes, provide employee's name _____

Since your 18th birthday, have you been CONVICTED of any violation of the law, other than minor traffic offenses, or pleaded NOLO CONTRENDERE to criminal charges, even if adjudication was withheld?

(Yes/No) _____ If yes, provide:

Nature of Offense _____

Name and location of Court _____

Disposition of Case _____

NOTE: A conviction does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, etc. are given consideration.

EDUCATION

High School

Name _____ City, State _____ Graduate?(yes/No) _____

Colleges and Universities Attended

<u>Name</u>	<u>City, State</u>	<u>Major/Minor</u>	<u>Degree</u>	<u>Dates</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List Special Training – Include Business, Trade, Vocational, Military Schools, etc.

<u>Name</u>	<u>City, State</u>	<u>Course/Subject</u>	<u>Certification Rec'd</u>	<u>Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT RECORD – List all jobs held in the lasts TEN years and any other jobs relevant to the position for which you are applying. Exclude any organization which indicates race, color, religion, gender, national origin, handicap, or other protected status. Start with your PRESENT or MOST RECENT position and work back.

May we contact your present employer regarding your record of employment? (Yes/No) _____

Job 1: Present/Most Recent Job

Employer _____

Address _____

Your Job Title _____ Hourly Rate/Salary _____

Supervisor Name and Title _____

Supervisor Phone _____ Email _____

Employed From (Month/Year) _____ Employed to (Month/Year) _____

Reason for Leaving _____

Specific Duties _____

Job 2: Previous Job

Employer _____

Address _____

Your Job Title _____ Hourly Rate/Salary _____

Supervisor Name and Title _____

Supervisor Phone _____ Email _____

Employed From (Month/Year) _____ Employed to (Month/Year) _____

Reason for Leaving _____

Specific Duties _____

Job 3: Previous Job

Employer _____

Address _____

Your Job Title _____ Hourly Rate/Salary _____

Supervisor Name and Title _____

Supervisor Phone _____ Email _____

Employed From (Month/Year) _____ Employed to (Month/Year) _____

Reason for Leaving _____

Specific Duties _____

VOLUNTEER WORK AND PERIODS OF UNEMPLOYEMENT during PAST TEN years.

From To Describe Activities/Volunteer Work
(Month/Year) (Month/Year)

SPECIFIC SKILLS – List below the total number of years of skillfully operating/using:

- Computers in general _____
- Calculator/Adding Machine _____
- Multi-line Telephone _____
- Fax _____
- Photocopy Machine _____
- Scanning Equipment _____
- Audio Equipment (Tape Recorders, etc) _____
- Software:
 - Microsoft Word _____
 - Excel Spreadsheet _____
 - Access Database _____
 - Quickbooks _____
 - Email _____
 - Internet Searches _____

List Membership in Professional / Job-Related Organizations _____

VETERAN PREFERENCE – If you are claiming Veteran's Preference, you must provide a copy of a DD214 at time of application.

REFERENCES – Provide two references who are not related to you and are not previous employers.

Name _____ Phone _____

Address _____

May we contact this reference? (Yes/No) _____

Name _____ Phone _____

Address _____

May we contact this reference? (Yes/No) _____

APPLICANT AUTHORIZATION AND ACKNOWLEDGEMENT

I certify that the information I have provided in this application is true and complete to the best of my knowledge and understanding. I have answered each question completely, including information which you may consider unfavorable. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also authorize the City to contact the references and employers listed above to obtain any information concerning my previous employment personal or otherwise, and release the City from all liability for any damage that may result from utilization of such information.

Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath, as per Florida Statute 876.05 and, (3) subsequent to an offer of Employment, pass a medical examination by a City physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate will not be given further consideration under the present announcement for this classification. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City of Key Colony Beach, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

I also understand and agree that no representative of the City has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized City representative.

I understand that, if hired, my employment is at-will, and can be terminated by the City or me at any time, with or without cause, and without prior notice. I further understand and agree that this application is not intended to be not does it give rise to a contract for employment, or in the event of employment, a contract for continued employment.

Signature of Applicant _____

Date _____