Application For Employment

City of Satellite Beach

The City of Satellite Beach is an equal opportunity employer. We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, genetic information, marital or veteran status or any other legally protected status.

For proper consideration, please answer completely and accurately. (Please print)

Position(s) Applied For: _____ Date of Application: _____

How did you learn about this position?

☐ Advertisement ☐ Internet ☐ Inquiry

☐ Employment Agency ☐ Friend ☐ Other _____

Last Name	First Name	Middle Name

Address	City	State	Zip Code

Home Phone	Cell Phone	Email address

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ☐ No ☐

Have you ever completed an application with us before? Yes ☐ No ☐

If Yes, date and location: _____

Have you ever been employed with us before? Yes ☐ No ☐

If Yes, date and location: _____

Are you currently employed? Yes ☐ No ☐

May we contact your current employer? Yes ☐ No ☐

Are you currently on lay-off status and subject to recall? Yes ☐ No ☐

Can you travel, if job requires it? Yes ☐ No ☐

Do any of your relatives work for the City of Satellite Beach? Yes ☐ No ☐

Name(s):

Are you prevented from lawfully becoming employed in this country? Yes ☐ No ☐

Have you ever been convicted of a crime other than a minor traffic infraction? A conviction record will not necessarily be a bar to employment; factors such as relevance to position applied for; age and time of the offense, seriousness and nature of violation and rehabilitation, and other considerations required by law, will be taken into account.

Yes ☐ No ☐ Please explain:

If yes, number of offenses:

Please note: Only U.S. citizens and non-citizens who are authorized to work in the U.S. are eligible for employment. Upon employment, you will be asked to complete Form I-9, Employment Eligibility Verification, and provide genuine documentation establishing your identity and authorization to be employed in the United States as prescribed by that form.

Date Available for Work: ____/____/____ Desired Salary Range _____

Are you available to work:

☐ Full-Time (shift availability: 1st 2nd 3rd)

☐ Part-Time (mornings, afternoons, evenings)

☐ Temporary (indicate available dates_____-_____)

Education/Military

	School, City and State	*Course of Study*	*Years Completed*	*Diploma or Degree, Yes or No*
High School or Equivalent				
College, University, Trade School, Vocational and/or Professional				
Graduate School				
Other Relevant Courses: Please Specify				

Please list any specialized training, apprenticeships, skills and/or extra curricular activities which may be applicable to the position you are seeking:

Were you ever in the U. S. Military or Government Service? Yes ☐ No ☐

If yes, what Military branch or Federal Agency:

Final Rank or Government Service Level:

Dates of duty or service from : to:

Military or Government Job Experience:

Employment Experience

List employment history below beginning with the most recent. Please complete all spaces. A resume may be attached, but cannot be substituted for this section.

Employer

Address

Telephone Number Job Title

Reason For Leaving

Description of Duties

Supervisor

Dates Employed	
From	To

Hourly Rate /Salary	
Starting	Final

Employer

Address

Telephone Number Job Title

Reason For Leaving

Description of Duties

Supervisor

Dates Employed	
From	To

Hourly Rate /Salary	
Starting	Final

Employer

Address

Telephone Number Job Title

Reason For Leaving

Description of Duties

Supervisor

Dates Employed	
From	To

Hourly Rate /Salary	
Starting	Final

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude any entries which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications from prior employment or other experience:

_____

_____

_____

_____

Specialized Skills: *Please check all that apply, and list others that may be applicable:*

☐ Microsoft Word	☐ Mechanical Skills	Other Skills (List)
☐ Microsoft Excel	☐ Driver License A, B, C	_____
☐ Microsoft Access	☐ CPR/ First Aid	_____
☐ Microsoft PowerPoint	☐ Certifications (List)	_____
☐ Typing - WPM _____	☐ Equipment Operation (List)	_____

State any additional information you feel may be helpful in considering your application:

_____

_____

_____

_____

Professional/Personal References:

Name	Professional or Personal	Current Company	Phone #
Name	Professional or Personal	Current Company	Phone #
Name	Professional or Personal	Current Company	Phone #

Certifications and Authorization:

I authorize investigation of all statements contained in the Application for Employment, as may be necessary in arriving at an employment decision.

I understand and acknowledge that unless otherwise specified in writing, any employment relationship with the City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time for any or no reason. I understand that there is a six month probationary period and that my employment may be ended before the expiration of that period of time for any or no reason.

I further understand that false statements or consequential omissions of any kind are sufficient grounds of denying employment or dismissal.

If employed, I agree to abide by the policies, rules and procedures of the City. I also understand that I am required to take a Drug Test as a condition of employment.

I understand that the City may conduct a background check as a condition of employment.

I understand that the City participates in the United States Department of Homeland Security's E-Verify program, and that a satisfactory confirmation of employment eligibility is a condition of employment.

I hereby authorize the use of photocopies of this section of the Application for Employment for acceptance by all persons and parties as an original for the release of any and all information that is relevant to the consideration of the Application of Employment. I agree to release all such persons and parties from any claim or liability for providing such information to the City.

I have read and understand the above statement. This application is complete and accurate to the best of my knowledge.

The City of Satellite Beach complies with all applicable state laws and regulations.

_____ Applicant's Signature

_____ Date

Thank you for your career interest with the City of Satellite Beach.

VETERANS' PREFERENCE FORM

Applicant Name: _____ **Social Security #:** _____

Have you ever been in the armed forces? Yes [ ] No [ ]

Do you want to claim veterans' preference? Yes [ ] No [ ]

If yes, you must appropriate the required documentation noted below to confirm eligibility and complete the following:

I am claiming veterans' preference based on the following: (please check appropriate response)

_[ ]_ Disabled Veterans: **15 points/percent . (At the time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge as well as documentation certifying a service connected disability to be eligible for this benefit)**

_[ ]_ The spouse of a Veteran with a total and permanent service-connected disability, Missing in action, Captured in line of duty by a hostile force, or Detained or Interned in line of duty by a foreign government or power: **10 points/percent . (At the time of application you must supply evidence of marriage and a statement that you are still married to the Veteran; applicable military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge; applicable documentation certifying the Veteran has a service connected disability and proof that the disabled Veteran cannot qualify for employment because of the service connected disability; if applicable certification that the active duty Veteran is listed as missing in action, captured in line of duty or forcibly detained or interned in line of duty to be eligible for this benefit)**

_[ ]_ A Veteran of any war who has served at least one day during that wartime period or who has been awarded a campaign or expeditionary medal: **10 points/percent. (At time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge to be eligible for this benefit)**

Wartime periods include:

World War II: December 7, 1941 – December 31, 1946

Korean Conflict: June 27, 1950 – January 31, 1955

Vietnam Era: February 28, 1961 – May 7, 1975

Operation New Dawn: September 1, 2010 to TBD

Persian Gulf War: August 2, 1990 – January 2, 1992

Operation Enduring Freedom: October 7, 2001 – date to be determined

Operation Iraqi Freedom: March 19, 2003 – date to be determined

_[ ]_ The un-remarried widow or widower of a Veteran who died of a service-connected disability: **10 points/percent . (At the time of application you must supply evidence of marriage and a statement that you remain unmarried, certification from the Department of Defense that your spouse died as the result of a service-connected disability to be eligible for this benefit)**

_[ ]_ The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions: **10 points/percent (At the time of application you must supply certification of your relationship to the Veteran and for widows or widowers that you remain unmarried and that the Veteran died while on duty status under combat-related conditions to be eligible for this benefit)**

_[ ]_ A Veteran as defined in Section 1.01 (14), Florida Statutes: The term 'Veteran' means a person who served in the active military, naval, or air service and who was discharged under honorable conditions: **5 points/percent (At the time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge to be eligible for this benefit)**

_[ ]_ A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard: 5 points/percent. (At the time of application you must supply a letter from your Commanding Officer stating the dates of your military service to establish that you are currently active to be eligible for this benefit.

If you believe that you did not receive veterans' preference in accordance with FL Administrative Code, you have the right to an investigation by filing a complaint with the Florida Department of Veterans' Affairs, PO Box 31003, St. Petersburg, FL 33731, within three months of the date the application was filed.