



# 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

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

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

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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:

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# 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 _____	Dates Employed
Address _____	From      To
Telephone Number      Job Title _____	
Reason For Leaving _____	Hourly Rate /Salary
Description of Duties _____	Starting      Final
Supervisor _____	

Employer _____	Dates Employed
Address _____	From      To
Telephone Number      Job Title _____	
Reason For Leaving _____	Hourly Rate /Salary
Description of Duties _____	Starting      Final
Supervisor _____	

Employer _____	Dates Employed
Address _____	From      To
Telephone Number      Job Title _____	
Reason For Leaving _____	Hourly Rate /Salary
Description of Duties _____	Starting      Final
Supervisor _____	

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

<p><b>List professional, trade, business or civic activities and offices held.</b>          You may exclude any entries which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status: _____</p> <p>_____</p> <p>_____</p>
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# Additional Information

## **Other Qualifications:**

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

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

- |   |   |                     |
|---|---|---------------------|
| <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Mechanical Skills          | Other Skills (List) |
| <input type="checkbox"/> Microsoft Excel      | <input type="checkbox"/> Driver License A, B, C     | _____               |
| <input type="checkbox"/> Microsoft Access     | <input type="checkbox"/> CPR/ First Aid             | _____               |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Certifications (List)      | _____               |
| <input type="checkbox"/> Typing - WPM _____   | <input type="checkbox"/> Equipment Operation (List) | _____               |

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

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## **Professional/Personal References:**

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



### APPLICATION FOR VETERAN'S PREFERENCE

Applicants wishing to claim Veterans' Preference in employment must complete this form and submit as an attachment to your employment application, **along with a copy of their DD214 form or equivalent Certification from the Veterans' Administration.** Information provided on this form is maintained confidentially from your application in Human Resources; however, asserting Veteran's Preference is communicated to the hiring manager.

**Does not apply to me (please check if you are not claiming Veterans' Preference)**

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I wish to claim Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category: (Check one)

A veteran with a compensable service connected disability that 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.

A veteran of any war who has served on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since 1/31/55 and who was discharged or separated, with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during wartime era. Active duty for training is not allowable.

- World War II December 7, 1941 to December 31, 1946
- Korean Conflict June 27, 1950 to January 31, 1955
- Vietnam Era August 5, 1964 to May 7, 1975
- Persian Gulf War August 2, 1990 to January 2, 1992
- AFEM** Receipt of an Armed Force Expeditionary Medal
- Operation Enduring Freedom** October 7, 2001 - Present
- Operation Iraqi Freedom** March 19, 2003 – Present

The un-remarried widow or widower of a veteran who died of a service connected disability.

The spouse of a veteran unemployable due to total permanent services connected disability or spouse of veteran missing in action, captured or forcibly detained by a foreign power.

Veteran in receipt of any Armed Forces Expeditionary Medal.

Please complete the following information: (Applicants asserting a preference based on their spouse's service should provide this information as it pertains to their spouse.)

Service Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_

I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that falsification of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in my dismissal if employed. I have received notice of the appropriate procedures to follow in order to initiate an investigation into any non-compliance with the Veterans' Preference laws.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Mary Grizzle Office Building, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision by the employing agency or within 3 months of the date an application is submitted to the employer, if no notice is given.