

EMPLOYMENT APPLICATION

City of Belleair Bluffs
2747 Sunset Blvd
Belleair Bluffs, Florida 33770
(727) 584-2151
www.belleairbluffs.org



Received by
Human Resources

Please print clearly in black or blue ink

Position Applied For: _____ Today's Date: _____
Full Legal Name: _____
Other names by which you have been known: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers: Home _____ Cell _____ Work _____
E-Mail address: _____
Are you legally eligible to work in the United States? [] Yes [] No
Have you ever been employed by the City of Belleair Bluffs? [] Yes [] No
If yes: When? _____ What position? _____
Reason for leaving: _____
Do you have any relative, spouse or other person with whom you have a substantial relationship employed by the City of Belleair Bluffs?
Yes No
If yes: Name: _____ Relationship: _____

Do you have a valid driver's license? [] Yes [] No State: _____
Type of license: [] Operator "E" [] Operator "D" [] Restricted
[] Commercial (CDL): ____A ____B ____C CDL Endorsements: _____
Has your license ever been revoked or suspended? [] Yes [] No If yes, when and for what reason? _____

If you are accepted for employment, you may be required to undergo a job-related physical examination to determine your ability to perform the essential functions of the position for which you are applying. Reasonable accommodation will be made unless doing so would cause an undue hardship.
Can you meet the attendance requirements of this job? [] Yes [] No
The City is Drug-Free workplace and conducts all lawful testing
Have you ever been arrested for, convicted of, pled guilty or nolo contendere to, or entered a pre-trial intervention plan or program with respect to any crime, charge of a crime or criminal activity? [] Yes [] No
If yes, describe the conviction(s), include date, charge, location, disposition and court. Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service.

A criminal record will not disqualify you from consideration for employment. All information provided will be considered in light of the position for which you have applied, the nature of the conduct and other relevant factors.

WORK HISTORY

NOTE: This section **must** be completed in full. You may attach a resume in addition to completing all requested information. Include **all** jobs, military service and any period of unemployment. If you have been employed under any other name(s) please list name(s) by each employer as applicable.

Have you ever been discharged or forced to resign? Yes No If yes, explain _____

Employer: _____ Job Title: _____
Street Address: _____ Dates Employed: From: _____ To: _____
City/State/Zip: _____ Salary: _____
Telephone Number: _____ Number of Hours Worked Per Week: _____
Supervisor's Name: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

May we contact your present employer regarding your employment record prior to a job offer? Yes No

Employer: _____ Job Title: _____
Street Address: _____ Dates Employed: From: _____ To: _____
City/State/Zip: _____ Salary: _____
Telephone Number: _____ Number of Hours Worked Per Week: _____
Supervisor's Name: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Job Title: _____
Street Address: _____ Dates Employed: From: _____ To: _____
City/State/Zip: _____ Salary: _____
Telephone Number: _____ Number of Hours Worked Per Week: _____
Supervisor's Name: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Job Title: _____
Street Address: _____ Dates Employed: From: _____ To: _____
City/State/Zip: _____ Salary: _____
Telephone Number: _____ Number of Hours Worked Per Week: _____
Supervisor's Name: _____ Title: _____
Specific Duties and Responsibilities: _____

Reason for leaving: _____

If more space is needed, please attach an additional work history sheet.

EDUCATION

Do you possess a High School diploma or GED equivalent? Yes No

Elementary/High School	College/University	Graduate
4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4

Circle last grade completed →

Last elementary or high school attended: _____
School Name City State

Names & Locations of Colleges/Universities or Vocational/Trade Schools	GPA	Major/Minor Field of Study	Type of Degree Awarded	Date Awarded

Please attach copy of Diploma/Degree/Transcript/Certificate

SPECIAL SKILLS

Computer systems skills (i.e. PC, Mainframe, etc.): _____

Software applications skills (i.e. Microsoft Word, Excel, etc.): _____

Typing Speed: _____ WPM Shorthand/Speedwriting: _____ WPM

Machines and/or equipment operated: _____

Licenses or Certificates (type, State, or other licensing authority): _____

Professional Memberships (include offices held): _____

State any additional information that may be helpful to us in considering your application: _____

VETERANS' PREFERENCE

If you are discharged under honorable conditions, you may be eligible for Veterans' Preference in consideration of your application for employment. **Substantiating documentation must be furnished at the time of application.** Documentation includes DD214, military discharge papers or equivalent certification, documentation certifying service-connected disability, or any other documentation as specified by the Department of Veterans' Affairs.

Do you request Veterans' Preference? Yes No

If yes, please designate the basis for your preference below.

_____ 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.

_____ As the spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a Veteran missing in action, captured or forcibly detained by a foreign power.

_____ As a Veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training and who was discharged under honorable conditions from the Armed Forces of the United States.

Wartime period includes the following. Please check all that apply:

___ Spanish-American War (April 21, 1898, to July 4, 1902, and including the Philippine Insurrection and the Boxer Rebellion.)

___ Mexican Border Period (May 9, 1916, to April 5, 1917)

___ World War I (April 6, 1917, to November 11, 1918; extended to April 1, 1920, for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917, and November 12, 1918.)

___ World War II (December 7, 1941, to December 31, 1946)

___ Korean Conflict (June 27, 1950, to January 31, 1955)

___ Vietnam Era (February 28, 1961, to May 7, 1975)

___ Persian Gulf War (August 2, 1990, to January 2, 1992)

_____ 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

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295:085 may file a complaint with THE DEPARTMENT OF VETERANS' AFFAIRS (P.O. Box 31003, St. Petersburg, FL 33731) within 21 calendar days from the date of notice of hiring decision.

CERTIFICATION

This Certification Must Be Signed – Please read carefully

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the City of Belleair Bluffs to verify all information contained herein, and I release all past employers and all references from any and all liability for the release of information to the City of Belleair Bluffs.

I further agree and consent in advance to being summarily discharged if any of the information provided by me contains any misrepresentation or falsification, or if any material information has been omitted.

I understand that job offers extended by the City of Belleair Bluffs in some or all job classifications are conditioned upon successful completion of a physical examination by an authorized physician who will determine whether I can perform the essential functions of the position offered, with or without reasonable accommodation.

I voluntarily consent and agree to give a sample of my blood and/or urine to any medical facility designated by the City of Belleair Bluffs to be used to determine and evaluate substances in my system, and to the release the test results to the City of Belleair Bluffs. The City of Belleair Bluffs will pay the cost of my physical examination. I understand that falsification of information to a designated medical facility or omission of relevant information is grounds for dismissal, regardless of when discovered. Should it be discovered during my probationary period, the cost of my physical examination and/or drug screen may be deducted from my final paycheck.

My signature below acknowledges that I have read and understand the foregoing statements and this consent was freely and knowingly given.

Date

Signature

The City of Belleair Bluffs, Florida is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to Race, Color, Religion, Sex, Gender, National Origin, Age, Marital or Veteran Status (Except if eligible for Veterans' Preference), or the presence of a non-job-related medical condition or disability.

M/F/D/V Smoke/Drug Free Workplace