

City of Flagler Beach

Human Resources Division



105 South 2nd Street,
Post Office Box 70
Flagler Beach, Florida 32136
Phone (386) 517-2000 Fax (386) 517-2008

INSTRUCTIONS:

Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

OFFICE USE ONLY

APPROVED

DISAPPROVED

REASONS:

BY: _____

Received: _____

Position Applied for: _____

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Message Phone: _____ E-Mail: _____

Please Check Appropriate Response

1. Have you ever worked for the City of Flagler Beach? Yes No
If yes, please give date(s) of employment. _____

2. Are you a U.S. citizen? Yes No
If no, are you authorized by Immigration and Naturalization to work in the U.S.? Yes No

Alien #A: _____
Admission #: _____

3. Will you work night shift? Yes No
Will you work weekends? Yes No

4. Have you ever been fired, forced to resign, or resigned in lieu of termination? Yes No
If yes, please explain below:

Employer's Name: _____ Date: _____
Reason: _____

5. Are you related to a City employee or is any member of your family employed by the City of Flagler Beach?
 Yes No If yes, please give the person's Name: _____

Relationship: _____

Department: _____

6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? Yes No

If yes, please give details below:

Date: _____

Agency: _____

Offense/Charge: _____

Felony Misdemeanor Other

Explanation / outcome: _____

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

Attach additional sheets as needed.

7. Were you in the U. S. Armed Forces? Yes No
Did you receive an honorable discharge? Yes No
Are you claiming veteran's preference? Yes No

If yes, a copy of your DD 214 must accompany this application.

8. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License? Yes No
 CDL Class: _____
 Endorsements: _____

Has your license ever been revoked? Yes No
 If yes, please provide dates and explain:

Has your license ever been suspended? Yes No

9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

Date: _____
 Agency: _____
 Offense/Charge: _____
 Points: _____
 Outcome: _____

Date: _____
 Agency: _____
 Offense/Charge: _____
 Points: _____
 Outcome: _____

Date: _____
 Agency: _____
 Offense/Charge: _____
 Points: _____
 Outcome: _____

Date: _____
 Agency: _____
 Offense/Charge: _____
 Points: _____
 Outcome: _____

If you have more than four citations within the last seven years, please attach a separate sheet in the same format.

10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? Yes No GED? Yes No

If not, highest grade completed: _____

Name and location of last High School attended: _____

	Name	City	State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Hours Completed	Hours Required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did you graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						
Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 2) Present or most recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						
Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 3) Present or most recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						
Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 4) Present or most recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						
Number of Employees supervised (if applicable): _____						

Did You:

- Answer all questions completely?
- Cover a full 10-year employment history?
- Explain all gaps in employment?
- Sign and date the application?

Please read this statement carefully before signing below:

The City of Flagler Beach is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Flagler Beach is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification or to immediate discharge at any time.

I understand that neither the completion of this application nor any part of my consideration for employment establishes any obligation for the City of Flagler Beach to hire me. If I am hired, I understand that either the City of Flagler Beach or I can terminate my employment at any time and for any reason, with or without cause and without prior notice.

SIGN YOUR NAME HERE	DATE
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NOTES:

- If you require special testing accommodations due to a disability, please notify the staff BEFORE the test date.

City of Flagler Beach

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION SURVEY

TO ALL APPLICANTS: The following information is being gathered by the City of Flagler Beach for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you that this information will not be used to evaluate your application, and will be kept confidential.

JOB/POSITION APPLIED FOR: _____

NAME OF APPLICANT: _____

DATE OF BIRTH (Month/Day/Year): _____

SEX

- Male
- Female

Ethnicity or ancestry Categories (Check One)

Applicant's ethnicity or ancestry refers to an individual's nationality, lineage or the country in which the individual or individual's parents or ancestors were born before their arrival in the United States

- African American (not of Hispanic origin): All persons having origins in any of the racial groups of Africa.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- Hispanic: All persons of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America or the Caribbean, regardless of race.
- Native American: All persons having origins in any of the Indian tribes of North America prior to 1835.
- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Asian American: persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island, including the Hawaiian Islands prior to 1778.
- Not Known/Other

HOW DID YOU LEARN OF THIS POSITION?

- Ad in newspaper
- Ad in trade journal
- City bulletin board/walk-in
- Friend/City Employee
- Internet
- Agency Referral