



Application for Employment

City of Satellite Beach

The City of Satellite Beach is an equal opportunity employer. We consider applications 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) applying 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

Have you ever completed an application with us before?

___ Yes

___ No

If yes, date and position: _____

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 the job requires it?

___ Yes

___ No

Do any of your relatives work for the City of Satellite Beach?

___ Yes

___ No

If Yes, name(s) and job title(s): _____

Are you prevented from lawfully becoming employed in this country?

___ Yes

___ No

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 the required original supporting documents as outlined on that form.

Date available for work: _____

Desired salary range: _____

Are you available to work:

- ____ Full-time
- ____ Part-time
- ____ Temporary

Shift availability:

____ 1st ____ 2nd ____ 3rd
____ Mornings ____ Afternoons ____ Evenings

Indicate available dates _____ to _____

	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 extracurricular 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: _____ 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

Start Date

End Date

Address

Telephone

Reason for Leaving

Job Title

Description of Duties

Supervisor

Employer

Start Date

End Date

Address

Telephone

Reason for Leaving

Job Title

Description of Duties

Supervisor

Employer

Start Date

End Date

Address

Telephone

Reason for Leaving

Job Title

Description of Duties

Supervisor

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

Additional Information

List any certificates or licenses applicable to the position you are applying for:

Other Qualifications:

Summarize special job-related skills and qualifications from prior employment and other experiences

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:

Professional/Personal References:

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

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
- 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
- Operation New Dawn: September 1, 2010 to TBD

_____ 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 point s/ 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 veteran s' 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.

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 the City of Satellite Beach is a drug-free workplace.

I understand that the City may conduct a background check including driving history 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.