



General Employment Application
 Human Resources Department
 6130 Sunset Drive
 South Miami, Florida 33143

Instructions: PLEASE PRINT CLEARLY IN INK OR TYPE ALL INFORMATION. If you need additional space, use a separate sheet of paper. You may attach a resume or additional documents to support your application.

POSITION APPLIED FOR _____

CURRENT PERSONAL DATA

FULL NAME: _____

MAIDEN NAME (if applicable): _____

PRESENT ADDRESS: _____

PRIMARY TELEPHONE: (____) _____

ALTERNATE TELEPHONE: (____) _____

EMPLOYMENT AVAILABILITY

Date Available: ____/____/____ Salary Desired _____

Are you over 18 years of age? Yes ____ No ____

Are you legally authorized to work in the United States? Yes ____ No ____

EDUCATION

	School Name/Address	Did you Graduate/Degree Received	Highest Grade/Level Completed
High School		Yes ____ No ____	9 ____ 10 ____ 11 ____ 12 ____
College/University		Yes ____ No ____	Associates ____ Major _____
College/University		Yes ____ No ____	Bachelors ____ Major _____
Graduate		Yes ____ No ____	Degree _____
Vocational/Technical		Yes ____ No ____	
License/Certificates		Yes ____ No ____	

The City of South Miami is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, sexual preference, national origin, age, disability, marital or veteran status (except if eligible for veteran's preference).



EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list all full and part time employment for the past 10 years and account for all periods of unemployment, which exceed three months. Use additional sheets if necessary, if you were employed under other names, list with applicable employers.

May the City of South Miami contact your present employer? Yes ___ No ___

NAME OF EMPLOYER: _____
Street address/City, State Zip: _____

Telephone: _____ Job Title: _____
Supervisor's Name: _____
Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
Brief Job Description: _____
Reason for Leaving (Be specific, this area must be completed) : _____

NAME OF EMPLOYER: _____
Street address/City, State Zip: _____

Telephone: _____ Job Title: _____
Supervisor's Name: _____
Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
Brief Job Description: _____
Reason for Leaving (Be specific, this area must be completed) : _____

NAME OF EMPLOYER: _____
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Starting Date: _____ Ending Date: _____
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Reason for Leaving (Be specific, this area must be completed) : _____

NAME OF EMPLOYER: _____
Street address/City, State Zip: _____

Telephone: _____ Job Title: _____
Supervisor's Name: _____
Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
Brief Job Description: _____
Reason for Leaving (Be specific, this area must be completed) : _____

Have you ever been terminated for misconduct or unsatisfactory service, or forced to resign from any position? Yes ___ No ___ . Explain _____

Are you related to anyone employed by The City of South Miami? Yes ___ No ___ . If yes, give name(s) and relationship: _____

Were you referred for this position by an employee at The City of South Miami? Yes ___ No ___ .If yes, give name(s): _____

Have you ever been employed by The City of South Miami? Yes ___ No ___ . If yes, complete the following:

Dates previously employed (From/To)	
Position:	
Reason for Leaving:	

List any licenses, certificates or additional skills you have that may be helpful in doing this job:

License/Certificates/Additional Skills	Dates Received (if applicable)	Name of School

Describe any special equipment or machinery you can operate:

Special Equipment	Machinery	Years of Experience

List any Professional, Technical, or Trade Association in which you are a member:

Association/Affiliation

REFERENCES

List three (3) Personal or Professional references (No relatives).

You must be acquainted with the listed reference for 1 year or more.

Name	Telephone	Years Acquainted	Relationship

Languages – Indicate languages you Speak, Read and/or Write fluently

English: Speak ___ Read ___ Write ___ Other: _____ Speak ___ Read ___ Write ___
 Spanish: Speak ___ Read ___ Write ___ Other: _____ Speak ___ Read ___ Write ___

VETERAN'S PREFERENCE

Have you ever served in the U.S. Military? Yes ___ No ___ . If yes, Branch: _____

Dates of Active Duty (From/To): _____ Rank: _____

Occupational Specialty: _____ Type of Discharge: _____

Do you wish to claim Veteran's Preference? Yes ___ No ___. If yes, please complete this page and attach a copy of your DD214.

Claim For Veteran's Preference

Name: _____ **Date:** _____
Position Applied For: _____

I claim Veteran's Preference based upon the following: (Check basis for your preference)

_____ 1. 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 US Veteran's Administration and the Department of Defense.

_____ 2. As the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, capture or forcibly detained by a foreign power.

_____ 3. As a veteran of any war who served on active duty for 181 consecutive days or more, or who has served 180 days or more since January 31, 1995, if any part of such active duty was performed during a wartime era as defined by Florida Statutes and Florida Administrative Code. Active training is not allowable.

_____ 4. As the un-re-married 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 _____

Have you been employed through Veterans' Preference since October 1, 1987? _____

If yes, please provide the name and telephone of the employer: _____

Signature

You must attach a copy of your discharge papers (DD214).

Note: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 25.08 may file a complaint with the Division of Veteran's Affairs within 21 days from the date of notice of hiring decision.

The City of South Miami conducts a criminal background check and driving record check if you are considered for hire. A criminal conviction record will not automatically disqualify an applicant. However, any applicant who falsifies/omits information from the application by failing to provide required information on convictions will be disqualified, any conditional employment offer will be rescinded and/or employment will be immediately terminated for cause.

This form will be removed from the application prior to review.

Background Check

***Must include all instances even if adjudication withheld/pretrial diversion, etc.**

Have you ever been arrested? Yes ___ No ___

Have you ever been found guilty of, had adjudication withheld, or pled no contest (*nolo contendere*) to any misdemeanor or felony? Yes ___ No ___

Provide all relevant details including fines, arrests, convictions, jail or prison sentences, and probation. Attach additional sheets if needed.

Date	Offense/Charge	Name/Location of Court	Disposition/Sentence

Do you hold a valid Florida Drivers License Yes ___ No ___ Expiration Date: _____

Drivers License Number: _____ State: _____ DOB: _____

Full Name: _____ Social Security Number: _____

Drivers License type: Operator ___ CDL: A ___ B ___ C ___ D ___ CDP Endorsement: _____

Has your Drivers License ever been suspended or revoked? Yes ___ No ___ If yes, Explain _____

Have you ever been found guilty, had adjudication withheld, or pled no contest to a moving violation? Yes ___ No ___. Please provide all details including fines, arrests, convictions, probation, jail or prison sentences. Attach additional sheets if needed.

List all, if any traffic accidents and moving violations found in your driving record.

Date	Traffic Citation/Violation	Name/Location of Court	Disposition/Sentence

Authorization to Release Information

I hereby authorize representatives of the City of South Miami bearing this release, or a copy thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information that involves me in any way. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the bearer. This further includes the furnishings of copies of pertinent documents about my background as required.

Such records may pertain to employment records or educational records including but not limited to achievement, attendance, personal history, disciplinary records, credit checks, reasons for termination of employment, reason for discharge from the military service, job performance, criminal history and other personal information which may not otherwise be obtained without prior agreement. I hereby direct you to release such information for the official use of the City of South Miami.

I hereby release you, as custodian of such records and as employer, educational institution, credit reporting agency, or any other agency entity, or any other agency or entity, and including all of your officers, employees or related personnel, both individually and collectively, from any and all liability, for damages of whatever kind that may at any time result to me, my heirs, family; or associates arising out of compliance with this authorization and request to release information, or any attempt to comply with it.

I further understand that all information and materials may be included in this waiver shall be considered public records subject to disclosure, pursuant to Florida State Statute 119.

Print Name _____ Signature _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

Before me personally appeared the said _____ who says he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn and subscribed in my presence this _____ day of _____ 20 ____
by _____. Personally known ___or produced
identification ____.

Type of Identification Produced: _____ D.O.B. _____ Exp: _____

Notary Public _____ My Commission Expires: _____

CERTIFICATION

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

I hereby authorize the City of South Miami 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 South Miami. I also understand that my employment is contingent upon acceptable references and backgrounds checks.

I further understand that all job offers a from the City of South Miami are conditioned on successful completion of a health questionnaire and medical examination by a City of South Miami appointed physician/facility and psychological evaluation to determine my ability to perform any job offered, such examination shall include alcohol/drug screen for which I give consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the City of South Miami for this purpose.

I also understand that in accordance with Florida Statues, employment with in City of South Miami is 'At-Will' and as such, may be dismissed whenever in the judgment of the City Manager the employee's work or misconduct so warrants.

I understand that the City of South Miami will not tolerate unlawful harassment and that employees have an affirmative duty to report such indicates and that such conduct is grounds for termination of employment.

I further understand and agree in advance that I may be summarily discharged if any of the information provided by me contains any misrepresentation or falsifications or if any material information has been omitted regardless of when this information becomes known to the City of South Miami.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from present processing or, if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsification or omissions, it will be just cause for immediate dismissal from employment with the City of South Miami.

Signature of Applicant

Date

EQUAL EMPLOYMENT INFORMATION SHEET

The City of South Miami is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, sexual preference, national origin, age, disability, marital or veteran status (except if eligible for veteran's preference). The City requests the following information to monitor our compliance with employment laws. Disclosure of the requested information is voluntary and will not affect your employment opportunities with the City. **THIS FORM WILL BE REMOVED FROM THE APPLICATION PRIOR TO REVIEW.**

Date of Application: _____

Date of Birth: _____

Position Applied For: _____

RACE/ETHNIC CATEGORIES (check one):		
1	<input type="checkbox"/>	White (not of Hispanic origin): A person having origins in any of the original peoples of Europe, the Middle East, or North America.
2	<input type="checkbox"/>	Black or African American (not Hispanic origin): A person having origins in any of the Black racial groups of Africa.
3	<input type="checkbox"/>	Hispanic or Latino (ethnicity): A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race.
4	<input type="checkbox"/>	Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
5	<input type="checkbox"/>	American Indian or Alaska Native: A person having origins in any of the original people North and South America (including Central America), and who maintains tribal affiliation or community attachment.

U.S. CITIZEN		
1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

GENDER		
1	<input type="checkbox"/>	Male
2	<input type="checkbox"/>	Female

VETERAN		
1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

REFERRAL SOURCE: How did you hear about the vacancy for which you are applying?		
1	<input type="checkbox"/>	City Job Announcement (City web site or Bulletin Board)
2	<input type="checkbox"/>	Newspaper Advertisement (Specify Newsletter)
3	<input type="checkbox"/>	Internet Site (Specific Site):
4	<input type="checkbox"/>	City Employee (Indicate name of the referring employee):
5	<input type="checkbox"/>	Correspondence (What type):
6	<input type="checkbox"/>	Walk-in Applicant
7	<input type="checkbox"/>	Job Fair (Please specify locations):
8	<input type="checkbox"/>	Professional Publication (Please specify):
9	<input type="checkbox"/>	Other (Please specify):