



# VILLAGE OF KEY BISCAYNE

An Equal Opportunity Employer and a Drug/Smoke Free Workplace

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, disability, marital, or veteran status (except if eligible for veterans' preference).

## EMPLOYMENT APPLICATION

INSTRUCTIONS: Please print in ink or type. Applications will be accepted only when a vacancy exists for the position applied for. This application will remain active for 90 days. The application has been developed to give you the opportunity to list qualifications and abilities. If you need additional space, use a separate sheet of paper. You may add a resume or attach copies of documents you feel help clarify your background, but resumes will not be accept in lieu of a fully completed application. All questions must be answered. For those questions which do not apply, simply insert N/A. If applying for more than one position, please submit a separate application for each position.

**POSITION APPLIED FOR:** \_\_\_\_\_

### CURRENT PERSONAL DATA

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

BEEPER/PAGER/CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### EMPLOYMENT AVAILABILITY

Please check all that apply:

FULL-TIME     PART-TIME     EVENINGS     WEEKENDS     HOLIDAYS     TEMPORARY

EARLIEST YOU CAN START WORK \_\_\_\_\_ DESIRED SALARY \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER?  YES     NO

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES     NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY?  YES     NO

	SCHOOL NAME/ADDRESS	DATES ATTENDED	DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE			
OTHER/GED			

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATIONS?  YES  NO

IF YES, PROVIDE DETAILS INCLUDING FINES, ARRESTS, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE/CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

HAVE YOU EVER BEEN REFUSED A SURETY BOND?  YES  NO WHEN? \_\_\_\_\_

HAVE YOU EVER BEEN NAMED IN A CHARGE OF DISCRIMINATION OR A LAW SUIT? IF SO, PLEASE GIVE DATE, EMPLOYER AND BRIEF STATEMENT OF WHAT THE COMPLAINTS WERE ON A SEPARATE SHEET OF PAPER. (NOTE: THIS WILL NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION).  YES  NO

**NOTE:** A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FRO EMPLOYMENT. INFORMATION CONCERNING ARRESTS AND CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON ARRESTS AND CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL, OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

DRIVER'S LICENSE NUMBER \_\_\_\_\_ State: \_\_\_\_\_

DRIVER LICENSE TYPE  OPERATOR  CDL: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

C D L ENDORSEMENTS \_\_\_\_\_

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE VILLAGE?  YES  NO

IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF KEY BISCAIYNE?  YES  NO  
IF YES, PLEASE COMPLETE THE FOLLOWING:

DATES PREVIOUSLY EMPLOYED FROM/TO	POSITION	REASON FOR LEAVING

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB:

\_\_\_\_\_

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE THAT MAY BE HELPFUL IN DOING THIS JOB:

\_\_\_\_\_

# EMPLOYMENT

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT FOR THE LAST TEN YEARS AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER. USE ADDITIONAL SHEETS IF NECESSARY TO ACCOUNT FOR ALL EMPLOYMENT WITHIN THE LAST TEN YEARS.

NAME OF EMPLOYER: _____	
STREET ADDRESS: _____	
CITY, STATE, ZIP: _____	TELEPHONE NUMBER: _____
JOB TITLE: _____	SUPERVISOR'S NAME: _____
JOB DUTIES & RESPONSIBILITIES: _____	
_____	
_____	
STARTING DATE: _____	ENDING DATE: _____
STARTING SALARY: _____	ENDING SALARY: _____
REASON FOR LEAVING: _____	
NAME OF EMPLOYER: _____	
STREET ADDRESS: _____	
CITY, STATE, ZIP: _____	TELEPHONE NUMBER: _____
JOB TITLE: _____	SUPERVISOR'S NAME: _____
JOB DUTIES & RESPONSIBILITIES: _____	
_____	
_____	
STARTING DATE: _____	ENDING DATE: _____
STARTING SALARY: _____	ENDING SALARY: _____
REASON FOR LEAVING: _____	

NAME OF EMPLOYER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, Z IP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

-2-

**REFERENCES**

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS).

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

**MILITARY SERVICE**

HAVE YOU EVER SERVED IN THE U.S. MILITARY?       YES     NO

IF YES, WHAT BRANCH? \_\_\_\_\_

DATES OF ACTIVE DUTY: (FROM: \_\_\_\_\_ TO: \_\_\_\_\_)

RANK: \_\_\_\_\_ OCCUPATIONAL SPECIALTY: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

**VETERANS' PREFERENCE**

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07?       YES     NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE VILLAGE OF KEY BISCAYNE AND ATTACH COPIES OF SUPPORTING DOCUMENTATION (DD214). THIS FORM MUST BE SUBMITTED WITH THE APPLICATION.

**CERTIFICATION**

**THIS MUST BE SIGNED. PLEASE READ CAREFULLY**

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 VILLAGE OF KEY BISCAYNE TO VERIFY ALL INFORMATION CONTAINED HEREIN AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY LIABILITY FOR THE RELEASE OF INFORMATION TO THE VILLAGE OF KEY BISCAYNE.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE VILLAGE OF KEY BISCAYNE ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY A VILLAGE-APPOINTED PHYSICIAN/FACILITY AND PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN 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 VILLAGE OF KEY BISCAYNE FOR THIS PURPOSE.

I ALSO UNDERSTAND THAT IN ACCORDANCE WITH FLORIDA STATUTES, EMPLOYMENT WITH THE VILLAGE OF KEY BISCAYNE IS "AT WILL" AND AS SUCH, MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT NOTICE BY EITHER PARTY AT ANY TIME.

I UNDERSTAND THAT THE VILLAGE OF KEY BISCAYNE WILL NOT TOLERATE UNLAWFUL DISCRIMINATION OR UNLAWFUL HARASSMENT AND THAT EMPLOYEES HAVE AN AFFIRMATIVE DUTY TO REPORT SUCH INCIDENTS AND THAT SUCH CONDUCT IS GROUNDS FOR TERMINATION OF EMPLOYMENT.

I FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE VILLAGE OF KEY BISCAYNE.

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 MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE VILLAGE OF KEY BISCAYNE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

HAVE YOU READ ALL INSTRUCTIONS ON THE APPLICATION AND ANSWERED ALL QUESTIONS?

If so, Please Initial Here: \_\_\_\_\_