




CITY OF NORTH MIAMI BEACH

APPLICATION FOR EMPLOYMENT

“AN EQUAL OPPORTUNITY EMPLOYER”

INSTRUCTIONS: Please fill out this application accurately and completely. **PLEASE PRINT CLEARLY** or type all information. If an item does not apply, insert N/A (not applicable). Attach any diplomas, certificates, or other documents you feel will help in the evaluation of your application. All materials submitted become the property of the City and will not be returned. If you are selected for employment, the City is required by federal law to verify having seen documents, which the applicant must provide, that show (1) the applicant's identity and (2) the applicant's right to work in the United States.

 To accommodate your special needs, e.g. wheelchair accessible rooms or other special needs, please notify Human Resources at (305) 948-2918.

Position Applied for _____

Date of Application _____

E-mail _____

Name (exactly as it appears on your Social Security Card)

_____ (First) _____ (Middle) _____ (Last)

Address _____ (Street) _____ (Apartment Number)

_____ (City) _____ (State) _____ (Zip Code)

Home Telephone No. _____ **Other Telephone No.** _____

Do you have a valid Florida Driver's License?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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EDUCATION

High School Attended: _____ **High School Diploma?** YES NO **High School Equivalency?** YES NO

City/State: _____ YES NO YES NO

LIST COLLEGES & UNIVERSITIES ATTENDED BELOW

Name and Location of College or University	Dates Attended		Grade Point Average	Major/Minor Field/Program of Study	Type of Degree
	From	To			
	Month/Year	Month/Year			

List Special Training (Business, Trade, Vocational Schools, etc.)			
Name and Location	Total Months Completed	Courses Taken	Certificate Earned

EMPLOYMENT: Please list all full and part-time paid work experience. Use additional sheets in the same format as necessary. Resumes may not substitute for any information requested on this application, but may be submitted in addition to a completed application

Present or Recent Job (Most Recent First)				Employer:
From	To	Total Time		Address:
Month/Year	Month/Year	Yrs.	Mos.	Telephone No:
				Your Job Title:
Hours per week				Supervisor's Name and Title:
Starting Salary:	\$	Per		Reason for Leaving:
Ending Salary:	\$	Per		
Specific Duties: _____				

Previous Job				Employer:
From	To	Total Time		Address:
Month/Year	Month/Year	Yrs.	Mos.	Telephone No:
				Your Job Title:
Hours per week:				Supervisor's Name and Title:
Starting Salary:	\$	Per		Reason for Leaving:
Ending Salary:	\$	Per		
Specific Duties: _____				

Previous Job				Employer:
From	To	Total Time		Address:
Month/Year	Month/Year	Yrs.	Mos.	Telephone No:
				Your Job Title:
Hours per week:				Supervisor's Name and Title:
Starting Salary:	\$	Per		Reason for Leaving:
Ending Salary:	\$	Per		
Specific Duties: _____				

Are you related to any City of North Miami Beach employee? [] YES [] NO
 If yes, give name and relation: _____
 (This information is requested only to avoid conflicts in supervision or assignment.)

Have you ever been convicted of any violation of the law? [] YES [] NO
 If yes, state the nature of offense, disposition of case, and date. (Do not include minor traffic offenses.)

 (A conviction does not automatically mean you cannot be employed; what you were convicted of, and how long ago, are important.)

Have you ever been discharged or forced to resign from any position? [] YES [] NO
 If yes, give details _____

REFERENCES

List 3 references, other than relatives, who have knowledge of your qualifications for employment.		
Name/Title	Address/Email Address	Phone number
		()
		()
		()

APPLICATION CERTIFICATION – READ CAREFULLY BEFORE SIGNING: By signing this document, I certify that all of the information on this entire application, including any attachments, is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from any employment list, or termination of employment. I understand that the City of North Miami Beach is a Drug-Free Workplace and that employees are subject to drug testing in accordance with federal, state, and local statutes. I understand that this application is the property of the City of North Miami Beach and information contained herein is public record. I authorize and direct any persons or organizations to release and furnish records and information relevant to determine my fitness and suitability for employment in the aforesaid position. I release the custodian of such records, including the City of North Miami Beach and its employees, from any liability for damages by me, my heirs, family, or associates resulting from any attempts at lawful compliance with this authorization. I am also attesting that I understand and meet all of the minimum requirements for the position applied for.

 Signature of Applicant

 Date

THE CITY OF NORTH MIAMI BEACH MAY REQUIRE THE APPLICANT TO SUBMIT TO A DRUG AND ALCOHOL SCREENING DEPENDING UPON THE JOB CLASSIFICATION PRIOR TO EMPLOYMENT. ANY APPLICANT TESTING POSITIVE FOR A CONTROLLED SUBSTANCE SHALL NOT BE HIRED.

RESIDENCY STATUS

PURPOSE: Pursuant to City Resolution **2014-29B**, the City of North Miami Beach has established preferences for bona fide City residents for hiring and promotion. To qualify for residence preference points, an applicant, examinee, and/or employee must be a bona fide resident of the City for at least one (1) year immediately preceding the date of the vacancy. In order to establish bona fide residence, the applicant, examinee and/or employee must submit documentation. See Civil Service Rules 4.3.1,4.3.2,4.3.3

Please Check one of the following boxes from each section determining what documentation was submitted. Please attach the documentation to this sheet.

I wish to claim Residency Status.	<input type="checkbox"/> YES <input type="checkbox"/> NO								
4.3.1 Picture ID. Present one (1) unexpired form of picture identification from the following categories: <ul style="list-style-type: none"> State of Florida Driver's License or Florida ID Card issued by the Florida Department of Highway Safety and Motor Vehicles (DHSMV); U.S. Passport, Certificate of Naturalization or Alien Registration Card ("Green Card"); or Passport issued by a foreign government AND a valid U.S. Visa. 									
<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Picture ID</td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Passport</td> <td style="width: 20px; height: 15px;"></td> </tr> </table>		Picture ID		Passport					
Picture ID									
Passport									
4.3.2 Proof of Residence. Present two (2) of the following documents, which must demonstrate continuous residency in the City for one (1) year: <ul style="list-style-type: none"> Lease rental agreement (properly executed by both parties), and a notarized Letter from the Lessor/Landlord confirming that the Lessee/Renter has continuously resided at the address provided for one (1) year; A mortgage statement at the address provided (verification of continuous ownership for one year via statements for the prior twelve (12) months, or current statement plus letter of the Mortgagee confirming mortgage on the property for one (1) year); Any current utility bill with service at address provided (verification of twelve (12) consecutive months of bills at any address located in the North Miami Beach); Property Tax Bill of address provided (verification of continuous ownership for one year); or Voter's Registration Card (registration date will be verified). 									
<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Rental Agreement</td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Mortgage Statement</td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Utility Bill</td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Property Tax Bill</td> <td style="width: 20px; height: 15px;"></td> </tr> </table>		Rental Agreement		Mortgage Statement		Utility Bill		Property Tax Bill	
Rental Agreement									
Mortgage Statement									
Utility Bill									
Property Tax Bill									
4.3.3 Disqualification. Notwithstanding any of the foregoing, an otherwise qualified applicant, examinee, or employee will be disqualified from receiving residency preference points if he or she: <ul style="list-style-type: none"> maintained a homestead exemption on property outside the City of North Miami Beach at any time during the twelve (12) consecutive months prior their the one (1) year qualification period; changes his or her bona fide residence from within to outside of the City of North Miami Beach prior to appointment; <p style="margin-left: 20px;">or</p> <p style="margin-left: 20px;">is determined that the applicant knowingly falsified his or her residency status, as determined pursuant to an</p> <ul style="list-style-type: none"> is determined that the applicant knowingly falsified his or her residency status, as determined pursuant to an investigation by the City. 									
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READ CAREFULLY BEFORE SIGNING: I understand that I must provide proof of residency as outlined in Civil Service rules 4.3 AND 4.3.2 PRIOR to an examination or interview. Residency Preference shall not be given to any applicant who does not provide the required documentation as stated. I understand that I must provide proof of residency prior to the examination or the interview. Residence preference will not be given unless the applicant has been successful at the time of the Civil Service exam and/or interview process.

Applicant Name

Signature

Date

EMPLOYMENT

Additional Sheet, if needed

Previous Job				Employer	
From	To	Total Time		Address	
Month/Year	Month/Year	Yrs.	Mos.	Telephone No.	
				Your Job Title	
Hours per week				Supervisor's Name	
Starting Salary	\$		Per	Reason for Leaving Position	
Last Salary	\$		Per		
Specific Duties _____					

Previous Job				Employer	
From	To	Total Time		Address	
Month/Year	Month/Year	Yrs.	Mos.	Telephone No.	
				Your Job Title	
Hours per week				Supervisor's Name	
Starting Salary	\$		Per	Reason for Leaving Position	
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Previous Job				Employer	
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				Your Job Title	
Hours per week				Supervisor's Name	
Starting Salary	\$		Per	Reason for Leaving Position	
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Specific Duties _____					