




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 _____ **Job Announcement No.** _____

Date of Application _____

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? YES NO

Number _____ **Expiration Date** _____ **Endorsements** _____

Check one: CDL: Class A B C **Other:** Class D E

EDUCATION

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

City/State: _____

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. Start with the most recent position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. 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				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
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
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	
Last Salary:	\$		Per		
Specific Duties: _____					

May we contact your present employer regarding your record of employment? [] YES [] NO

If no, please explain: _____

CLERICAL ABILITIES:

The following information must be provided if you are applying for a position requiring typing or shorthand ability.

Number of words per minute: **Typing** _____ **Shorthand** _____

QUALIFICATIONS: In your own words explain how you qualify for the position applied for. Be specific and list any special skills you possess, machines and equipment you can operate, licenses, certificates, and memberships in professional organizations, etc. In addition, please provide information relating to any lapses of time between positions held. Use additional sheets as necessary.

MILITARY

Branch of Service	Date Entered	Date Discharged	Final Rank	Type Discharge
Are you claiming veteran's preference?				[] YES [] NO
Have you served in the military on active duty during wartime?				[] YES [] NO
Have you ever received veteran's preference?				[] YES [] NO
<p><i>You must submit a copy of your DD-214 and other relevant documents concerning eligibility for veteran's preference. Points will be awarded only if you submit a copy of your DD-214 with your application.</i></p>				

Have you ever been employed by the City of North Miami Beach?

[] YES [] NO

If yes, give dates and department: _____

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	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 REQUIRES THAT ALL APPLICANTS BE GIVEN A DRUG SCREENING BASED ON JOB CLASSIFICATION PRIOR TO EMPLOYMENT. ANY APPLICANT TESTING POSITIVE FOR A CONTROLLED SUBSTANCE SHALL NOT BE HIRED.



CITY OF NORTH MIAMI BEACH

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Date

Name

(Please Print)

Position Applied For

Sex: Male Female

Race: White Black Hispanic American Indian or Alaskan Native

Asian or Pacific Islander

Referral Source: Newspaper Walk-In City Bulletin Board

Employee Referral Website Other

FOR HUMAN RESOURCES USE ONLY

Employment Date:

Salary:

Job Title:

Department:

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	
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