



(Office Use Only)
This application Expires on:

____/____/____

City of South Miami

6130 Sunset Drive
South Miami, Florida 33143
Human Resources Department

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 Application

INSTRUCTIONS: PLEASE PRINT CLEARLY IN INK OR TYPE ALL INFORMATION. Application for the City of South Miami will be accepted only when a vacancy exists for that position. This application will remain active for 90 days. This application has been developed to give you the opportunity to list qualifications, work experience 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 accepted in lieu of a fully completed application. All questions must be answered. For those questions which do not apply, simply insert N/A. All materials submitted become public record of the City and will not be returned. If applying for more than one position, please submit a separate application for each position.

POSITION (S) APPLIED FOR: _____

CURRENT PERSONAL DATA

NAME: _____

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____
City State Zip Code

HOME TELEPHONE :(____) _____ BUSINESS TELEPHONE :(____) _____

OTHER TELEPHONE: (____) _____ OTHER TELEPHONE: (____) _____

EMPLOYMENT AVAILABILITY

Would you work: _____ full-time _____ part-time, Shift preference: _____ Days _____ Evenings _____ Weekends

Date available: ____/____/____ Salary desired _____

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

Are you a U.S. Citizen? ____ Yes ____ No

If no, are you legally authorized to work in the United States? (Proof will be required) ____ Yes ____ No

PLEASE NOTE:

YOU MUST HAVE A VALID PICTURE I.D. & ANY EDUCATIONAL DEGREES/CERTIFICATIONS AT SUBMITTAL.

EDUCATION

	School Name/Address	Dates Attended	Did you Graduate/Degree Received	Highest Grade/Level Completed
High School			___ Yes ___ No	___ 9 ___ 10 ___ 11 ___ 12
College / University			___ Yes ___ No	Associates ___ Bachelors ___ Masters ___ Other ___
Graduate			___ Yes ___ No	_____
Vocational / Technical			___ Yes ___ No	_____
Licenses/Certificates			___ Yes ___ No	_____

EMPLOYMENT HISTORY

(This section must be completed even if you attach a resume)

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 have been employed under other names, list with applicable employer.

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

<p>NAME OF EMPLOYER:</p> <p>_____</p> <p>Street address / City, State Zip:</p> <p>_____</p> <p>Telephone Number: _____ Job Title: _____</p> <p>Supervisor's Name: _____</p> <p>Starting Date: _____ Ending Date: _____</p> <p>Starting Salary: _____ Ending Salary: _____</p> <p>Brief Job description: _____</p> <p>Reason for Leaving (Be specific, this area must be completed): _____</p> <p>_____</p>
<p>NAME OF EMPLOYER:</p> <p>_____</p> <p>Street address / City, State Zip:</p> <p>_____</p> <p>Telephone Number: _____ Job Title: _____</p> <p>Supervisor's Name: _____</p> <p>Starting Date: _____ Ending Date: _____</p> <p>Starting Salary: _____ Ending Salary: _____</p> <p>Brief Job description: _____</p> <p>Reason for Leaving (Be specific, this area must be completed): _____</p> <p>_____</p>

_____/_____/_____.

NAME OF EMPLOYER:

Street address / City, State Zip:

Telephone Number: _____ 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 Number: _____ 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 Number: _____ 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 Number: _____ 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 Number: _____ 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 Number: _____ 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 Number: _____ 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): _____

(Office Use Only)
 This application Expires on:
 _____ / _____ / _____.

Have you ever been found guilty of, had adjudication withheld, or pled no contest to a misdemeanor, felony, assault, battery or been charged with being a sexual predator? _____ Yes _____ No **(Must include all instances even if adjudication was withheld.)**

Have you ever been convicted of a crime? _____ Yes _____ No. If so, when, where and what was the disposition of the case?

Please provide all if any details including fines, arrests, convictions, probation, jail and/or prison sentences.

(Attach additional sheets if needed):

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

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

Driver License Number: _____ State: _____ D.O.B.: _____

Driver License type: ___ Operator ___ CDL: A ___ B ___ C ___ D ___ CDP Endorsements _____

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

Have you ever been found guilty of, had adjudication withheld, or pled no contest to a moving violation?
 _____ Yes _____ No

If yes, please provide any and 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.(Attach additional sheets if needed):

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

NOTE: A criminal background check and driving record check will be conducted if you are considered for hire. Information concerning arrests and convictions may not necessarily disqualify an applicant. However, any applicant who falsifies/omits information from the application by failing to provide required information on arrests and convictions will, if employed, be subject to dismissal.

(Office Use Only)

This application Expires on:

____ / ____ / ____

Have you ever been terminated for misconduct or unsatisfactory service, or forced to resign from any position?

____ Yes ____ No, **If Yes**, Explain: _____

Are you related to anyone presently employed by The City of South Miami? ____ Yes ____ No, **If Yes**, give name

and relationship: _____

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:

Licenses/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 or employers)

Name	Occupation	Telephone	Years Acquainted

MILITARY SERVICE

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: _____

VETERAN'S PREFERENCE

Do you wish to claim Veteran's Preference? ____ Yes ____ No

If yes, please designate the basis for your preference on a form obtained from the City of South Miami (This form is attached to this application) and attach copies of supporting documentation (DD214).

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City Of South Miami

6130 Sunset Drive
South Miami, Florida 33143

Attach copy of your discharge papers (DD214) and submit this form with Application.

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 U.S. 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 has 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 Statute 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 services-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

Note: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with the Division of Veteran's Affairs within 21 days from the date of notice of hiring decision.

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 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 background checks.

I further understand that all job offers 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 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 City of South Miami for this purpose.

I also understand that in accordance with Florida Statutes, employment with the 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 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 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 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 misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal from employment with the City of South Miami.

Signature of Applicant

Date

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

If so, Please Initial Here: _____

_____/_____/_____.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INFORMATION SHEET

The City of South Miami is an Equal Opportunity/Affirmative Action Employer. The following information is requested to monitor our compliance with fair employment laws. An employer may neither discriminate on the basis of this information or on the basis that it is not furnished. Disclosure of the requested information is voluntary and will not affect your employment opportunities with the City. **FURTHER, TO ENSURE CONFIDENTIALITY, THIS FORM WILL BE REMOVED FROM THE APPLICATION PRIOR TO YOUR APPLICATION BEING REVIEWED.** This form will be kept in a separate file in the City Manager's Office.

Sex: Male _____ Female _____

Race and/or nationality (check appropriate categories):

White _____ Asian American _____ Spanish surname _____

Black _____ American Indian _____ Other: _____

Authorization to Release Information

I Hereby authorize any Police Officer or authorized representative of the bearing this release, or 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. Include 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 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 no 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 that the information provided is for the official use of the

I hereby release you as to custodian of such records and as employer, educational institution, credit reporting agency, 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 you 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 included in this waiver shall be considered public records subject to disclosure, and I here by knowingly and voluntarily agree to their release to any person or agency upon a public records request being received by

Print Name _____ Signature _____

(The section below must be notarized)

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. _____ Exp: _____

D.O.B _____

Notary Public _____

My Commission expires _____

**NOTIFICATION OF SOCIAL SECURITY NUMBER
COLLECTION AND USAGE**

In compliance with Florida Statutes §119.071(5), the City of South Miami Human Resources Department collects and uses your Social Security number only for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing and Employment Application/Packet.
- Completing and processing Federal I-9 (Employment Eligibility Verification Form).
- Completing and processing Federal W4, W2 and 1099 (tax forms).
- Completing and processing Federal Social Security taxes.
- Completing and processing Quarterly Unemployment Reports.
- Completing and processing Federal and State Employee and Educational Reports.
- Completing and processing Direct Deposit transactions.
- Completing and processing group health, life and dental coverage enrollment.
- Completing and processing Supplemental Insurance Deduction Reports.
- Completing and processing Workers' Compensation Claims.
- Completing the employee's background screening and validating the employee's educational credentials.
- Completing and processing Retirement Contribution Reports.
- Processing retirement benefits.
- Processing employee benefits.
- Any other reason that is determined imperative for the performance of the City's duties and responsibilities, as prescribed by law.
- Any other reason specifically authorized by law to do so.

NOTIFICATION

Providing a Social Security number is a condition of employment at the City of South Miami.

The City may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary of the receiving agency or entity to perform its duties and responsibilities.

The City may not deny a commercial entity engaged in the performance of a commercial activity access to Social Security numbers, provided the Social Security numbers will be used only in the performance of a commercial activity, and provided the commercial entity makes a written request for the Social Security numbers.

I understand the above information and have been given a copy of this document.

Employee/Applicant Name (Print)

Employee/Applicant Signature

Date