

CITY OF HOLMES BEACH



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

Employment Application

5901 Marina Drive • Holmes Beach FL 34217
AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PLEASE PRINT IN BLACK INK OR TYPE

PERSONAL

Name: _____ SS #: _____
 Street Address: _____ City _____ State _____ Zip _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Telephone Number: Home (_____) _____ Business (_____) _____
 Emergency Contact: _____ Telephone (_____) _____
 Are you legally able to work in the U.S.? Yes No
 Have you ever been known by or used any other name? Yes No
 If yes, what? _____

GENERAL

Please indicate how you first learned about this position:
 City Employee Friend Newspaper _____ Other, Specify _____
 Date available to begin work: _____ Minimum salary expected: _____
 I will accept (please check any that apply):
 Full-time Part-time Temporary
 Shift work Evenings Weekend Holidays
 Have you ever been employed by the City of Holmes Beach? Yes No If yes, when? _____
 Position? _____ Reason for leaving? _____
 Do you have any friends or relatives who are employees of the City of Holmes Beach? Yes No
 If yes, list name and relationship: _____

DRIVING

Do you have a valid driver's license? Yes No Type: Operator Chauffeur Restricted
 Driver's license number: _____ Exp. Date: _____ State: _____
 Has your license ever been revoked or suspended? Yes No If yes, when and for what reason? _____

EDUCATION

Circle the last grade completed:

Elementary / High	College / University	Graduate
4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4

Do you have a High School Diploma or GED? Yes No If yes, date received: Month _____ Year _____
 Last grade school or high school attended: _____ City _____ State _____

Names and locations of Colleges/Universities	Dates Attended	GPA	Major/Minor Field of Study	Type of Degree	Date Degree Awarded
	from _____ to _____				
	from _____ to _____				
	from _____ to _____				

SPECIAL SKILLS

Special Training (Business, Trade, Vocational, Armed Forces, etc.):

Typing ability: YES NO If yes, typing speed: _____ WPM
 Do you take oral dictation: YES NO If yes, rate of dictation: _____ WPM

Machines and/or Equipment Operated: _____

Licenses or Certificates (Include type, State or other licensing authority):

Membership(s) in professional, job related organizations (include offices held):

State any additional information that may be helpful to us in considering your application:

LEGAL HISTORY

Have you ever been convicted or pled nolo contendere or no contest, regardless of adjudication, to any violation of any law, police regulation or ordinance other than minor traffic violations? _____

Have you ever been refused a Surety Bond? _____

If yes, describe the conviction(s), show date, charge, location, disposition, and court. (Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service. You may omit any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.)

(NOTE: POLICE AND DRIVING RECORDS WILL BE CHECKED WHERE APPLICABLE.)

Information concerning convictions will not necessarily disqualify an applicant unless the conviction record indicates that the applicant would not be suitable or desirable for employment in a particular position. An applicant who falsifies the application by failing to give required information concerning convictions will, if employed, be subject to dismissal.

REFERENCES

List three personal references not related to you whom you have known for at least one year. Do not list anyone we cannot contact immediately.

NAME	ADDRESS	TELEPHONE #	YEARS ACQUAINTED
		()	
		()	
		()	

THIS SECTION MUST BE COMPLETED EVEN THOUGH YOU MAY HAVE A RESUMÉ

Complete all information requested. Begin with your most recent job. List each job separately. List all jobs, military service, and any period of unemployment.

If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.

If you have been employed under any other name(s) list name(s) by each employer as applicable.

Employer: _____	Job Title: _____
Street Address: _____	Start Date: _____ Last Date: _____
City/State/Zip: _____	Start Salary: _____ Last Salary: _____
Telephone Number: (_____) _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific duties and responsibilities: _____	

Reason for leaving: _____	
May we contact your present employer regarding your employment record? _____	

Employer: _____	Job Title: _____
Street Address: _____	Start Date: _____ Last Date: _____
City/State/Zip: _____	Start Salary: _____ Last Salary: _____
Telephone Number: (_____) _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific duties and responsibilities: _____	

Reason for leaving: _____	

Employer: _____	Job Title: _____
Street Address: _____	Start Date: _____ Last Date: _____
City/State/Zip: _____	Start Salary: _____ Last Salary: _____
Telephone Number: (_____) _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific duties and responsibilities: _____	

Reason for leaving: _____	

Employer: _____	Job Title: _____
Street Address: _____	Start Date: _____ Last Date: _____
City/State/Zip: _____	Start Salary: _____ Last Salary: _____
Telephone Number: (_____) _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific duties and responsibilities: _____	

Reason for leaving: _____	

EMPLOYMENT HISTORY

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A WORKSHEET.

Check here if a worksheet or resumé is included.

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

TO: CONCERNED PERSON OR AUTHORIZED REPRESENTATIVE OF ANY ORGANIZATION, INSTITUTION, OR REPOSITORY OF RECORD

FROM: CITY OF HOLMES BEACH

REGARDING:

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NAME: _____ (First) (Middle) (Last)
ADDRESS: _____ (Street)
_____ (City) (State) (Zip Code)
DATE OF BIRTH: _____ SS #: _____
DRIVER'S LICENSE NUMBER: _____ STATE: _____
POSITION APPLIED FOR: _____

THIS FORM WILL BE KEPT IN A FILE SEPARATE FROM THE APPLICATION.
Information on this form is only used to facilitate the background check.

I authorize the City of Holmes Beach to perform a background investigation to assist the City in determining my suitability for the position I am seeking.

I respectfully request and authorize you to furnish the City of Holmes Beach and its representatives all information that you may have concerning my employment records, school records (to include copy of transcript), character, reputation, military records, criminal history records, and driver's license (where applicable). This information is to be used to assist the City of Holmes Beach in determining my qualifications and fitness for the position I am seeking with the City.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

(Signature of Applicant)

(Date)

(Witness Signature)

(Date)

PHOTOCOPIES OF THIS DOCUMENT SHOULD BE TREATED
WITH THE SAME AUTHENTICITY AS THE ORIGINAL

CITY OF HOLMES BEACH



EMPLOYMENT APPLICATION

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status (except veteran's preference), or the presence of a non-job-related medical condition or disability.

To further our commitment to equal employment opportunities for all candidates, we request that you provide the information in the boxes below. This information is required by the federal government and is being gathered for statistical purposes. The information will be kept in a file separate from the application for employment. The information will not be used to make any employment decision which affects you. Your cooperation is essential to our research and evaluation efforts.

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Name: _____ Date: _____

Position applied for: _____

Date of birth: _____

How did you learn about this position?

- Office Visit Advertisement Friend Relative
 Employment Agency Other _____

Please check appropriate boxes: Male Female

Ethnic group/race: Caucasian/White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander
 Other _____

Check any of these that apply to you:

(Submission of information about a handicap is voluntary).

- Vietnam Era Veteran Disabled Veteran Disabled Person

Thank you for your cooperation.

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NAME: _____

POSITION APPLIED FOR: _____

Can you perform the essential functions for the position you have applied for with or without reasonable accommodation? Upon a job offer, applicants are subject to a medical exam and/or other inquiry to confirm the applicant has the ability to perform essential functions and for other purposes as allowed by law.

Yes _____

No _____

Signature: _____ Date: _____



City of Holmes Beach

5801 Marina Drive Holmes Beach, Florida 34217
941-708-5800 Fax 941-708-5812

THE CITY OF HOLMES BEACH COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: COMPLIANCE WITH STATE AND FEDERAL REQUIREMENTS; IDENTIFICATION AND VERIFICATION, BILLING AND PAYMENTS, BENEFIT PROCESSING, AND TAX REPORTING. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.