



Human Resource Office
 300 Municipal Drive
 Madeira Beach, FL 33708
 Office: 727-391-9951
 Fax: 727-395-9361

APPLICATION FOR EMPLOYMENT

(Please print this application and mail or fax to the information listed above)

A City application is required for all positions. Information from the application will be used to determine if minimum qualifications are met. Resumes may be included but are not accepted in lieu of a fully completed application form. Once completed, there should be no blank spaces on the employment application.

INSTRUCTIONS: please print or type. Complete all items; mark N/A to questions that are not applicable. Incomplete, false or evasive answers may result in loss of employment opportunities. Please account for all adult employment following high school or college. Unsigned applications will not be considered.

Position(s) applying for (1) _____ (2) _____

PERSONAL INFORMATION	
Last Name, First Name, Middle Initial	• Social Security Number
Address	Home Telephone
City, State, Zip	Cellular Telephone
Email address	Secondary Contact

- Your social security number is requested for the purpose of identification and verification, data collection, applicant and employee background checks, benefit processing, tax reporting and payroll eligibility in compliance with the Department of Homeland Security. You may elect to withhold your social security number until the time of interview.

How did you learn or hear of the position(s) you are applying for? (circle all that apply) City Website

Classified Ad Friend Internet Phone Walk-In Employee _____

Desired rate of pay \$ _____/per hour \$ _____/salaried

Are you lawfully permitted to work in the United States? YES _____ NO _____

Would you work: Full Time _____ Part Time _____ Temporary _____ Seasonal _____

Have you ever been employed by the City of Madeira Beach? YES _____ NO _____

When? _____ In what position? _____

DRIVER LICENSE INFORMATION

Do you have a valid driver's license? YES _____ NO _____ License Number: _____

State _____ Class _____ Expiration Date ____/____/____

Has your driver's license been suspended or revoked in the last five (5) years? YES _____ NO _____

If 'Yes', explain fully giving date and reason. _____

PROFESSIONAL LICENSES - CERTIFICATIONS				
Type of License	Number	Issue Date	Expiration Date	State
Issuing Authority:				
Type of License	Number	Issue Date	Expiration Date	State
Issuing Authority:				

EMPLOYMENT HISTORY

Start with your present or last job and work backwards. Include at least the last 10 years of employment history including paid or unpaid, full or part time, summer jobs, etc. If you require more than 4 employers for a 10 year period, please photocopy the next page and attach to this application.

May we contact your present employer? YES _____ NO _____

NOTE: We may contact any previous employer to verify your description of past duties and reasons for separation.

1.	Employer, Telephone	Address, City , State, Zip		
Position Title		Supervisor's Name and Title		
Start Date	End Date	Hours/Week	Ending Salary (specify hour or annual)	
Reason for Leaving (or indicate 'Current Employer')				
Description of duties and responsibilities				

2.	Employer, Telephone	Address, City , State, Zip		
Position Title		Supervisor's Name and Title		
Start Date	End Date	Hours/Week	Ending Salary (specify hour or annual)	
Reason for Leaving				
Description of duties and responsibilities				

3.	Employer, Telephone	Address, City, State, Zip	
Position Title		Supervisor's Name and Title	
Start Date	End Date	Hours/Week	Ending Salary (specify hour or annual)
Reason for Leaving			
Description of duties and responsibilities			

4.	Employer, Telephone	Address, City, State, Zip	
Position Title		Supervisor's Name and Title	
Start Date	End Date	Hours/Week	Ending Salary (specify hour or annual)
Reason for Leaving			
Description of duties and responsibilities			

Have you ever been discharged or forced to resign? YES _____ NO _____ If 'YES' please give date, employer's name, address and the reason _____

Please list one professional reference not included above. State their name, job title, address and telephone number: _____

List or describe any computer or technical skills/experience that you have that relate to the position(s) you are applying for: _____

List any additional information you would like us to consider when reviewing your application, including any language skills that you possess. (Resumes may be attached). _____

To what job-related organization (professional, trade, etc.) do you belong? (Exclude membership that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disability, or other similarly protected status.) _____

If you are applying for a life safety position such as Firefighter / EMT or Firefighter / Paramedic, there is an addendum to the employment application. Please check the City's website for these requirements.

RELEASE OF INFORMATION

I voluntarily authorize and grant full consent to the City or its agent to conduct a thorough investigation into my prior employment and any other areas of my background, including criminal and civil background, verification of credentials and employment, motor vehicle reports, etc. which the City believes relevant to my employment. I consent to the release and disclosure to the City or its agent from any persons, companies, corporation or government agency and information sought concerning my background and do further release from liability the City or its agent for actions taken in connection with this investigation, as well as any person, companies, corporations or governmental agencies disclosing such information.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any false information provided by me to the City may constitute grounds for immediate discharge regardless of when the information is discovered by the City. I understand my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which was deemed by the City to be unsatisfactory may constitute grounds for immediate discharge, also regardless of when discovered.

I understand that the City will require a medical or other examination at the time of employment and shall condition an offer of employment on the successful completion of that examination and verification of my ability to perform the essential functions of the position offer. Post offer employment drug and alcohol testing and release of the results of those tests to the City will also be required. I understand that I may be subject to drug and alcohol testing after employment. Drug screen results which indicate the presence of illegal drugs shall result in the withdrawal of offer of employment.

I understand that individuals hired as Firefighters are prohibited from using any form of tobacco product both on and off the job and cannot have any tobacco product for a period of one year prior to the date of State of Florida Firefighter Certification.

I agree to abide by all these conditions listed above if hired.

Signature: _____

Date: ____ / ____ / ____

NOTICE OF DISCRIMINATION IN EMPLOYMENT

The City of Madeira Beach does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under application federal, state or local law. I understand that if the position(s) I am apply for warrant a credit check, I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA), and may have additional rights under relevant Florida law.

The City likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status.

Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworkers, subordinate, or non-employee. The City of Madeira Beach takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

The City of Madeira Beach clearly denounces and will not tolerate violence or any form of physical harassment and endangerment. No employee or visitor (with exception of sworn law enforcement officers) shall bring any weapon into any City facility, including but not limited to City Hall, Recreation, Marina, Public Works, out of doors work areas, etc.

EMPLOYEE QUESTIONNAIRE FOR SELF-IDENTIFICATION OF RACE/ETHNICITY

The purpose of capturing this information is Affirmative Action monitoring and enforcement purposes only. Your participation is voluntary. If you chose to self-identify, you may check only one of the boxes presented below.

What is your race/ethnicity?

- 1. **Asian or Pacific Islander** (Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa).
- 2. **African American** (Not of Hispanic origin and persons having origins in any of the black ethnic groups.
- 3. **Hispanic** (Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.)
- 4. **Native American or Alaskan Native** (Persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.
- 5. **Caucasian** (Not of Hispanic origin. Persons have origin in any of the original peoples of Europe, North Africa or the Middle East.)

Gender: Male Female

I have read the Notice of Discrimination and understand the above questionnaire is voluntary.

Signature: _____ Last four digits of your SS# _____



VETERAN'S PREFERENCE FORM
 City of Madeira Beach
 Human Resource Office
 300 Municipal Drive, Madeira Beach, FL 33708
 (727) 391-9951 ext 237

INSTRUCTIONS: Complete this form if you are claiming Veterans' preference. Print your name and social security number in the spaces provided. Check the appropriate box below and provide the additional information requested. You must complete both pages of this form. Before being given a preference, you will be required to submit documentation from the Department of Defense (DoD) or the Department of Veterans Affairs (DVA). Documentation substantiating your claim must be furnished to the Human Resource Office by the 'Closing Date' date indicated on the position posting/advertisement. The type of documentation required is listed next to each category. All documents specified must clearly indicate that they are copies of originals. Veterans' preference will be awarded to all qualified applicants for selection procedures taken and passed, providing all required documentation is on file in the Human Resource Office or submitted by the 'Closing Date' indicated on the position posting/advertisement. Preference will not be awarded retroactively.

Veteran's Name:	Last:	First:	Middle:
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Social Security Number: _____

Are you currently employed by the City of Madeira Beach? YES _____ NO _____

CATEGORY / DOCUMENTATION REQUIRED

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. Department of Veterans Affairs and the Department of Defense.

- Percentage of Disability _____
- Copy of DD214 (**Member 4 Copy recommended**) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type; a copy of document from the Department of Defense, or Department of Veterans Affairs certifying that the veteran has a compensable service connected disability.

The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

- Spouses of Disabled Veterans: copy of spouses DD-214 or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type; a copy of a document from the Department of Defense that the veteran is totally and permanently disabled and cannot qualify for employment because of a service connected disability; or an ID card issued by the Department of Veterans' Affairs; copy of marriage certificate along with a continuous marriage affidavit.
- Spouses of Persons on Active Duty: copy of certification from the Department of Defense or the Department of Veterans' Affairs that the person on active duty is either missing in action, captured, forcibly detained or interned in the line of duty by a foreign government or power; and copy of marriage certificate along with a continuous marriage affidavit.

The veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.

- Copy of DD-214 (**Member 4 Copy recommended**) or equivalency from the Department of Veterans' Affairs having military status, dates of service and discharge type.

The un-remarried widow or widower of a veteran who died of a service-connected disability.

- Copy of document from the Department of Defense or the Department of Veterans' Affairs certifying the service connected death of the veteran; and a copy of marriage certificate along with a continuous marriage affidavit.

A veteran who has served in a campaign or expedition for which a campaign badge has been authorized; any Armed Forces Expeditionary Medal or the Global War or Terrorism Expeditionary Medal is qualifying for Veterans' Preference.

- Copy of DD-214 (**Member 4 Copy recommended**), Certificate of Discharge or Separation from Active Duty, or other official documents (to include military discharge papers, or equivalent certification from the Department of Veterans' Affairs) listing military status, the award of any Armed Forces Expeditionary Medal (AFEM), the award of the Global War on Terrorism Expeditionary Medal (GWTEM), dates of service, and discharge type issued by the branch of service.

WARTIME ERAS: For the purposes of determining veterans' preference, wartime era is limited to service during the following time periods:

- March 19, 2004 through present (Operation Iraqi Freedom n/k/a Operation New Dawn)
- October 7, 2001 through present (Operation Enduring Freedom)
- August 2, 1990 through January 2, 1992 (Persian Gulf War)
- February 28, 1961 to May 7, 1975 (Vietnam Era)
- June 27, 1950 to January 31, 1955 (Korea Conflict)
- December 7, 1941 to December 31, 1946 (WWII)
- April 6, 1917 to July 1, 1921, if one day of service was between 4/15/17 and 11/12/18 (WWI)
- April 6, 1917 to April 1, 1920, if served in Russia (WWI)
- April 6, 1917 to November 11, 1918 (WWI)

YOU MUST READ AND COMPLETE THIS FORM. ATTACH APPROPRIATE DOCUMENTS, SIGN WHERE INDICATED PRIOR TO THE CLOSING DATE POSTED IN THE POSITION ADVERTISEMENT.

Branch of Service:	Type of Discharge:
Date of Entry:	Date of Discharge:

INFORMATION ABOUT THE SERVICE:

Do you have a service connected disability? Yes _____ No _____

If YES, is the service connected disability compensable? Yes _____ No _____

Dates of Active Duty: _____

Type of documentation you will be submitting: _____

Are you a resident of the State of Florida? Yes _____ No _____

IMPORTANT NOTICE:

In accordance with the rules of the Florida DAV, Chapter 55A-7, Veterans' Preference in Appointment and Retention in Employment and Florida law, preference in appointment, employment and promotion shall be given by the State and its political subdivision, first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4 and 5 (as show on the previous page). Preference in appointment and employment requires that a preferred applicant be given special consideration each step of the employment selection process but does not require the employment of a preferred applicant over a non-preferred applicant who is the most qualified for the position.

An applicant eligible for veteran's preference who believes he or she was not afforded employment preference in accordance with the rules may file a complaint with the **Florida Department of Veterans' Affairs, Division of Benefits – Veterans' Preference, P O Box 31003, St Petersburg, Florida 33731**, requesting an investigation. When the applicant has received notice of a hiring decision from a covered employer, the complaint shall be within 21 calendar days for the date that the notice is received by the applicant (postal time will be considered not more than 4 days from the date of the notice was mailed by the employer). When the applicant has not received notice of a hiring decision within two calendar months of the receipt of the application by the employer, the applicant shall contact the employer to determine if the position has been filled by a non-preferred applicant. After having determined from information supplied by the employer that the position has been filled by the appointment of a non-preferred applicant, the preferred applicant may file a complaint within three calendar months of the date the application was received by the employer. If the position has not been filled, the time period for filing a complaint is extended to provide the preferred applicant one calendar month after having determined that the position has been filled. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

For additional information on Veterans' Preference, the following link is provided as a public service. www.dol.gov/vets

Since the City of Madeira Beach accepts applications on a continuous basis and held active for a period of six (6) months, the date of the receipt of the application by the employer shall be considered the date that the applicant is signed up to be tested for the job classification.

The following positions are no longer considered exempt from veterans' preference provision: city managers, county manager, and management and policymaking positions of political subdlvsn as provided in FS 295.07(1).

SIGNATURE (required): I acknowledge that I have read and understood the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

Signature

_____/_____/_____
Date

FOR HUMAN RESOURCES USE ONLY:

Documentation Provided: _____ Other _____

Date Documentation Received: ____/____/____ Received By: _____

FOR HUMAN RESOURCE USE ONLY

Position #1 applied for: _____

Department: _____

Open Position: _____

Rate of Pay: \$ _____ / per hour \$ _____ /salaried

Does the applicant meet the minimum qualifications for the position listed above? _____

Interview scheduled with Supervisor/Department Director _____

Position #2 applied for: _____

Department: _____

Open Position: _____

Rate of Pay: \$ _____ / per hour \$ _____ /salaried

Does the applicant meet the minimum qualifications for the position listed above? _____

Interviewed schedule with Supervisor/Department Director _____

Applicant Interviewed _____ / _____ / _____ Hired _____ YES _____ NO

Criminal Background Ordered _____ / _____ / _____ Received _____ / _____ / _____

DMV Ordered _____ / _____ / _____ Received _____ / _____ / _____

Post Offer Physical and Drug Screen Results Received _____ / _____ / _____

I-9 Completed _____ / _____ / _____ E-Verify Case # _____

Employee ID # _____

Payroll Entry _____ / _____ / _____

Employee Orientation _____ / _____ / _____

Department Orientation _____ / _____ / _____

Benefit Enrollment _____ / _____ / _____

Probationary Review _____ / _____ / _____