



Town of Bay Harbor Islands

9665 Bay Harbor Terrace
Bay Harbor Islands, FL 33154
www.bayharborislands.org

EMPLOYMENT APPLICATION

An Equal Opportunity Employer and a Drug Free Workplace
The Town of Bay Harbor Islands does not tolerate violence in the workplace.

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status.

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A. If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title applying for. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the Town and will not be returned. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

NOTICE OF COLLECTION OF SOCIAL SECURITY NUMBER

In accordance with F.S. 119.071(5)(a)2, your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

POSITION APPLYING FOR: _____ DATE: _____

If referred by a current Town employee, indicate his/her name here:

REFERRED BY: _____

How did you learn about the position for which you are applying?

Advertisement Friend Walk-In Town's Website Employment Agency Relative Other

CURRENT PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ CELL PHONE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMPLOYMENT AVAILABILITY

ARE YOU PRESENTLY EMPLOYED? YES NO

IF SO, MAY WE CONTACT YOUR EMPLOYER? YES NO

EMPLOYMENT WITH THE TOWN OF BAY HARBOR ISLANDS MAY REQUIRE WORKING WEEKENDS, SHIFTS AND HOLIDAYS. ARE YOU ABLE TO WORK: (Check all that apply)

FULL-TIME PART-TIME SHIFT WORK EVENINGS WEEKENDS HOLIDAYS TEMPORARY

EARLIEST YOU WOULD BE ABLE TO START: _____ SALARY DESIRED: _____

ARE YOU OVER 18 YEARS OF AGE? YES NO
 ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE TOWN? YES NO

IF YES, GIVE NAME AND RELATIONSHIP: _____

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF BAY HARBOR ISLANDS? YES NO

IF YES, PLEASE LIST DATES EMPLOYED, POSITION, AND REASON FOR LEAVING: _____

RELIABILITY/CAPABILITY

WOULD YOU BE WILLING AND ABLE TO PERFORM ALL OF THE TASKS REQUIRED BY THE JOB FOR WHICH YOU ARE APPLYING? YES NO

IF NOT, EXPLAIN WHICH TASKS, PLEASE BE SPECIFIC _____

HAVE YOU FILED ANY TYPE OF FRAUDULENT CLAIM AGAINST ANY OF YOUR PRESENT OR PAST EMPLOYERS? YES NO

IF YES, EXPLAIN _____

WILL YOU BE ABLE TO ABIDE BY THE SAFETY RULES? YES NO

HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATING SAFETY RULES OR REGULATIONS? YES NO

HOW MANY DAYS OF WORK (OR SCHOOL) HAVE YOU MISSED IN THE LAST TWO YEARS? _____

WOULD YOU BE WILLING AND ABLE TO REPORT TO WORK ON TIME EVERY DAY ON A REGULAR AND CONSISTENT BASIS? YES NO

IF NO, PLEASE EXPLAIN _____

CITIZENSHIP INFORMATION

The Town of Bay Harbor Islands hires only U.S. Citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY? YES NO

EDUCATION

SELECT HIGHEST GRADE COMPLETED: GRADE/HIGH SCHOOL (9 10 11 12) COLLEGE/UNIVERSITY (1 2 3 4) GRADUATE SCHOOL (1 2 3 4)

	SCHOOL NAME/ADDRESS	ATTENDANCE DATES	DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
OTHER/GED			

EMPLOYMENT HISTORY (THIS SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME)

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT FOR THE LAST TEN 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. INCLUDE ANY JOB-RELATED VOLUNTEER ACTIVITIES AND SELF-EMPLOYMENT.

PRESENT/MOST RECENT EMPLOYER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

EMPLOYER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

EMPLOYER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

SUPPLEMENTAL EMPLOYMENT INFORMATION

IF YOU WORKED IN ANY OF YOUR PREVIOUS POSITIONS UNDER ANOTHER NAME, PLEASE GIVE THAT NAME(S) BELOW: (FOR REFERENCE CHECKING PURPOSES)

NAME _____ COMPANY _____

NAME _____ COMPANY _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN DISCIPLINED, OR RECEIVED A VERBAL OR WRITTEN WARNING FOR ABSENTEEISMS OR TARDINESS? YES NO

IF YES, PLEASE EXPLAIN _____

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: _____

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE THAT MAY BE HELPFUL IN DOING THIS JOB: _____

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER: _____

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

BACKGROUND INFORMATION

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATION? YES NO

IF YES, PROVIDE DETAILS BELOW, INCLUDING FINES, ARRESTS, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

A "YES" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

DATE	OFFENSE CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

HAVE YOU EVER BEEN REFUSED A SURETY BOND?

YES NO

IF YES, WHEN? _____

HAVE YOU EVER BEEN NAMED IN A CHARGE OF DISCRIMINATION OR A DEFENDANT IN A LAWSUIT?

YES NO

IF YES, PLEASE GIVE DATE, EMPLOYER AND BRIEF STATEMENT OF WHAT THE COMPLAINTS WERE ON A SEPARATE SHEET OF PAPER. (NOTE: THIS WILL NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION)

NOTE: A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING ARRESTS AND CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON ARRESTS AND CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL, OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

DRIVER LICENSE

DO YOU POSSESS A CURRENT, VALID DRIVER LICENSE?

YES NO

IF NO, STATE REASON: _____

DRIVER LICENSE NUMBER: _____ STATE: _____

DRIVER LICENSE TYPE: OPERATOR CDL A _____ B _____ C _____ D _____ E _____

CDL ENDORSEMENTS: _____

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED?

YES NO

IF YES, EXPLAIN: _____

REFERENCES

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

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: _____

VETERANS' PREFERENCE

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07?

YES NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE TOWN OF BAY HARBOR ISLANDS AND ATTACH COPIES OF SUPPORTING DOCUMENTATION (DD214). THIS FORM MUST BE SUBMITTED WITH THE APPLICATION.

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 Town of Bay Harbor Islands 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 Town of Bay Harbor Islands.

I understand that all job offers from the Town of Bay Harbor Islands are conditioned on successful completion of a health questionnaire, polygraph, and medical examination by a Town appointed physician/facility and psychological evaluation to determine my ability to perform any job offered. The 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 Town of Bay Harbor Islands for this purpose.

I also understand that in accordance with Florida Statutes, employment with the Town of Bay Harbor Islands is "at-will" and as such, may be terminated without cause and without notice by either party at any time.

I understand that the Town of Bay Harbor Islands 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 hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I understand, should the 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, regardless of when this information becomes known to the Town of Bay Harbor Islands, it will be just cause for immediate dismissal from employment with the Town of Bay Harbor Islands. This consent shall continue to be effective during my employment if I am hired.

SIGNATURE

DATE

HAVE YOU READ ALL INSTRUCTIONS ON THE APPLICATION AND ANSWERED ALL QUESTIONS? If so, Please Initial Here:_____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview: YES NO

Date: _____ Interviewer(s): _____

Remarks: _____

Employed: YES NO

Date of Employment: _____

Department: _____

Job Title: _____

Hourly/Salary Rate: _____

Approved: _____
Town Manager Date

Department Head Date



CLAIM FOR VETERANS' PREFERENCE

(TO BE USED BY VETERANS & RELATIVES OF VETERANS)

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

INSTRUCTIONS: Complete ONLY if you are claiming Veterans' Preference. All applicants claiming Veterans' Preference must complete this form and include all supporting documentation which are to be submitted with your application.

F.S. 1.01(14) defines the term Veteran as one who has served in the active military and who is discharged under honorable conditions only, or who later received an upgraded discharge under honorable conditions notwithstanding any action by the Department of Veteran's Affairs on individuals discharged or released with other than honorable discharges. To receive benefits as a wartime veteran, a veteran must have served for one day or more during one of the following: World War II, Korean Conflict, Vietnam Era, Persian Gulf War, Operation Enduring Freedom, Operation Iraqi Freedom (documentation of such service must be provided at the time of application).

Are you a resident of the State of Florida? (Veterans' Preference is only available to Florida Residents) YES NO

I. APPLICANT INFORMATION

Your Name: _____ Date: _____
Last First Middle Initial

Your Social Security Number: _____ Position Applying For: _____

Veteran's Name (If you are not the veteran): _____

Veteran's Social Security Number (If you are not the veteran): _____

If Active Service, Branch of Service: _____ Date of Entry: _____ Date of Discharge: _____

II. VETERANS' STATUS CLAIMED

Please check the following appropriate statement as it applies to you. Please check ONLY one. I claim Veterans' Preference based upon the following:

_____ *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.

_____ *As the spouse of a veteran who cannot qualify for employment because of total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

_____ A 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.

_____ *As the unremarried spouse of a veteran who was killed in action, or died of a service-connected disability.

_____ A veteran who has served in a campaign or expedition for which a qualifying campaign badge or expeditionary medal has been authorized (including any armed forces expeditionary medal or the global war on terrorism medal).

*A statement of disability certification from the Department of Veteran's Affairs must be submitted at time of application.

Have you been employed through Veterans' Preference since October 1, 1987? YES NO

If yes, please provide the name and telephone of the employer: _____

I hereby certify that the information provided above is true and correct. I understand that falsification of the information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in dismissal if employed. I have received notice of the appropriate procedures to follow in order to initiate an investigation into any non-compliance with the Veterans' Preference laws.

Signature

Date

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 Veterans' Affairs within 21 days from the date of notice of hiring decision.



EQUAL OPPORTUNITY EMPLOYER DATA (THIS SURVEY IS VOLUNTARY)

THE TOWN OF BAY HARBOR ISLANDS IS AN EQUAL OPPORTUNITY EMPLOYER, AND IS COMMITTED TO RECRUIT, EMPLOY AND PROMOTE PERSONNEL WITHOUT REGARD TO RACE, COLOR, GENDER, AGE, RELIGION, MARITAL STATUS, DISABILITY, NATIONAL ORIGIN OR VETERAN'S STATUS IN COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL LEGISLATION AND REGULATIONS PERTAINING TO NON-DISCRIMINATION. THE TOWN OF BAY HARBOR ISLANDS COLLECTS DEMOGRAPHIC DATA TO COMPLY WITH FEDERAL AND STATE GUIDELINES. TO ASSIST US IN OUR CONTINUING EFFORT TO DO SO, THIS DATA IS COMPILED ON AN ON-GOING BASIS. HOWEVER, YOUR COOPERATION IN COMPLETING THE FOLLOWING IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. THIS FORM IS REMOVED FROM THE APPLICATION UPON SUBMITTAL TO THE TOWN OF BAY HARBOR ISLANDS AND IS KEPT IN A SEPARATE CONFIDENTIAL FILE.

DATE OF APPLICATION: _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: _____

RACE:

- WHITE (NON-HISPANIC)
- BLACK
- HISPANIC
- ASIAN/PACIFIC ISLANDER
- AMERICAN INDIAN/ALASKAN NATIVE

SEX:

- MALE
- FEMALE

VETERAN:

- YES
- NO

DISABLED:

- YES
- NO

REFERRAL RESOURCES:

- Advertisement (Specify Source) _____
- Employment Agency
- Town Employee (Please indicate name of referring employee on front page of application)
- Friend
- Relative
- Town's Website
- Walk-In
- Other (Please Specify) _____