



City of  
**MIAMI SPRINGS**  
Florida

ADMINISTRATIVE OFFICES  
201 WESTWARD DRIVE  
MIAMI SPRINGS, FL 33166

## APPLICATION FOR EMPLOYMENT

TELEPHONE  
(305) 805-5008

*"An Equal Opportunity Employer"*

**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 (not applicable). 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, the position title, and the announcement number. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the City and will not be returned. Nothing can be added to your application after the announcement period has closed. 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.

<b>1. NAME</b>		
Last Name	First Name	M.I.
<b>2. SOCIAL SECURITY NO.</b>		<b>3. POSITION APPLYING FOR</b>
<b>4. TODAY'S DATE</b>	<b>5. JOB ANNOUNCEMENT NUMBER</b>	<b>6. WHEN AVAILABLE</b>
<b>7. APPLYING FOR</b> ____ Full time      ____ Part time      ____ Will Call CHECK ALL RESPONSES THAT APPLY		<b>If you require assistance with testing due to a disability, please notify our staff.</b>
<b>8. HOME TELEPHONE NUMBER</b>		<b>9. DRIVERS LICENSE:</b>
Area code	Number	Do you have a valid license? ____ Yes ____ No
		License Type: ____ Operator ____ CDL    Class ____
<b>OTHER TELEPHONE NUMBER</b>		Endorsement Code _____
Area code	Number	_____ License #      _____ State      _____ Exp. Date
<b>10. PRESENT ADDRESS</b>		
Street Address		
City	State	Zip Code
How long have you lived at present address?    Years ____      Months ____		
<b>11. PREVIOUS ADDRESS</b>		
Street Address		
City	State	Zip Code
How long did you live at this address?    Years ____      Months ____		

**12. EDUCATION AND SPECIAL TRAINING**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma (Check): \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date received: \_\_\_\_\_ / \_\_\_\_\_ (Month) (Year)

Equivalency — GED (Check): \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date received: \_\_\_\_\_ / \_\_\_\_\_ (Month) (Year)

Name and location of last HIGH SCHOOL attended: \_\_\_\_\_ Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

Name and Location	Dates Attended				Total Months Completed	Courses or Subject Taken	Certificates given or other pertinent information
	From		To				
	Mo.	Yr.	Mo.	Yr.			

List Colleges and Universities Attended Below:

Name and Location	Dates Attended				Credit Hours Received		Grade Point Average	Major/Minor Degree Field or Program of Study	Degree Received
	From		To		Sem.	Qtr.			
	Mo.	Yr.	Mo.	Yr.					

**13. EMPLOYMENT RECORD** — List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC — all or part of your rating may depend on the information you provide. If additional space is needed, please use continuation sheet. Periods of unemployment should be listed separately in Section 14. NOTE: We may contact previous employers to verify your descriptions of past duties.

May we contact your present employer regarding your record of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

**(Job 1) Present or Most Recent Job**

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Reason for Leaving Position: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of employees supervised (if applicable): \_\_\_\_\_

**(Job 2) Previous Job**

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Reason for Leaving Position: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of employees supervised (if applicable): \_\_\_\_\_

(Job 3) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Reason for Leaving Position: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of employees supervised (if applicable): \_\_\_\_\_

(Job 4) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Reason for Leaving Position: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of employees supervised (if applicable): \_\_\_\_\_

14. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS.

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

15. SPECIFIC SKILLS — List below the Job Number from your Employment Record (Section 13) and total number of months of experience in skillfully operating the equipment and/or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

No. of Mths.	Job No.	List of Office & Related Equipment Operated	No. of Mths.	Job No.	List of All Other Equipment Operated	No. of Mths.	Job No.	List of Crafts, Trades & Technical Professions

16. List memberships(s) in professional, job-related organizations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. List any active professional, technical, occupational licenses or certificates and registrations you now hold. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**19. VETERAN PREFERENCE:** According to Florida State Statutes, you may be eligible for 5 preference points if you are a wartime veteran with an honorable discharge or 10 points if you are a disabled veteran currently receiving disability benefits. Veterans who have been employed by the State of Florida or one of its Counties, Cities, etc., and/or retired military personnel are excluded from these Statutes. **POINTS WILL BE AWARDED ONLY IF YOU SUBMIT A COPY OF PROPER DOCUMENTATION SHOWING DATES OF ENTRY AND SEPARATION AND, IF DISABLED, PROOF OF CURRENT RECEIPT OF DISABILITY BENEFITS WITH YOUR APPLICATION.**

Did you serve in the Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your discharge honorable? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you claiming Veteran's Points? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you retired from the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or have you ever been employed by the State of Florida or one of its Counties, Cities, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

**20. Have you ever worked for the City of Miami Springs?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please give date(s) of employment: \_\_\_\_\_

Employing Division(s): \_\_\_\_\_

**21. Are you related to a city employee or is any member of your household employed by the City of Miami Springs?**

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please give the person's:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Employing Division: \_\_\_\_\_

**22. Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if adjudication was withheld?** No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please give:

Nature of offense: \_\_\_\_\_

Name and location of court: \_\_\_\_\_

Disposition of case: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** A conviction does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, etc. are given consideration.

**23. How did you learn about the position for which you are applying?** — Check the response that applies.

\_\_\_\_\_ Newspaper ad                      \_\_\_\_\_ Visit to H.R. Department                      \_\_\_\_\_ Florida State Employment Agency

\_\_\_\_\_ City Employee                      \_\_\_\_\_ Interest Card                      \_\_\_\_\_ Recruiting Program + Career Day

\_\_\_\_\_ High School                      \_\_\_\_\_ College Counselor                      (please specify) \_\_\_\_\_

\_\_\_\_\_ Other Source (please specify) \_\_\_\_\_ \_\_\_\_\_ Professional Journal

**24. REFERENCES:** List three (3) personal references who are not relatives or former employers.

Name and Occupation	Address	Telephone No.	Years Known

**IMPORTANT:** Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath, as per Florida Statute, Section 876.05 and (3) subsequent to an offer of employment, pass a medical examination by a City physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the City is required by federal law to verify having seen documents, which the applicant must provide as part of employment processing, that show the applicant's identity and right to work in the United States.

**APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.**

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Miami Springs is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release Miami Springs, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_