



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.

1. NAME

Last Name	First Name	M.I.
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2. SOCIAL SECURITY NO.

3. POSITION APPLYING FOR

4. TODAY'S DATE

5. JOB ANNOUNCEMENT NUMBER

6. WHEN AVAILABLE

7. APPLYING FOR

Full time
 Part time
 Will Call
 CHECK ALL RESPONSES THAT APPLY

If you require assistance with testing due to a disability, please notify our staff.

8. HOME TELEPHONE NUMBER

Area code	Number
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OTHER TELEPHONE NUMBER

Area code	Number
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9. DRIVERS LICENSE:

Do you have a valid license? Yes No

License Type: Operator CDL Class

Endorsement Code _____

License # _____ State _____ Exp. Date _____

10. PRESENT ADDRESS

Street Address		
City	State	Zip Code

How long have you lived at present address? Years _____ Months _____

11. PREVIOUS ADDRESS

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 Sem. Qtr.	Grade Point Average	Major/Minor Degree Field or Program of Study	Degree Received
	From		To					
	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 _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any Police Officer or authorized representative of the City of Miami Springs 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 requested that involves me in any way, upon request. Included 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 City of Miami Springs. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, and disciplinary records, credit records, reasons for termination of employment, reasons for discharge from the military service, job performance, criminal history and other personal information which may not otherwise be obtained without any prior agreement. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information provided is for the official use of the City of Miami Springs. I further understand that any information which may be obtained about me from whatever source will be obtained upon an assurance of confidentiality by the City of Miami Springs to the person or persons supplying such information, that this information will become privileged to the City of Miami Springs and will form a part of the complete Background Investigation File, to which I will not have access at any time.

I hereby release you as the custodian of such records and as employer, educational institution, or 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 which may 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.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

NOTARY PUBLIC



CITY OF MIAMI SPRINGS, FLORIDA
HUMAN RESOURCES DEPARTMENT

ADDENDUM TO
THE CITY OF MIAMI SPRINGS
APPLICATION FOR EMPLOYMENT

DISCLOSURE NOTICE:

THE CITY OF MIAMI SPRINGS HUMAN RESOURCES DEPARTMENT HAS REQUESTED YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING SPECIFIC PURPOSES:

TO PROCESS AND REPORT WAGES PURSUANT TO THE SOCIAL SECURITY ADMINISTRATION ACT; TO REPORT INCOME PURSUANT TO THE FEDERAL DEPARTMENT OF INTERNAL REVENUE SERVICE; TO INITIATE AND PROCESS APPLICANT OR EMPLOYEE BACKGROUND CHECKS TO INCLUDE CONSUMER REPORTS, EDUCATIONAL INSTITUTIONS, GOVERNMENT AGENCIES, COMPANIES, CORPORATIONS, AND CREDIT REPORTING IN COMPLIANCE WITH THE FAIR CREDIT REPORTING; FOR DRUG SCREENING TEST IDENTIFICATION; AND TO PROCESS YOUR EMPLOYMENT BENEFITS.

APPLICANT'S NAME (Please Print): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

Equal Employment Opportunity Information Form

Miami Springs is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for E.E.O. statistical reporting purposes. The information which you provide will be maintained separately from your application and will not be provided to other agencies when you are referred for employment consideration.

Date: _____

Social Security No.: _____

Name: _____

Job/Position Applied for: _____

Job Announcement No.: _____

Sex: _____ Female _____ Male

Date of Birth: _____

Race/Ethnic Categories (check one)

_____ **WHITE:** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK:** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

_____ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, Japan, Korea, the Philippine Islands and Somoa.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

(OPTIONAL) If you are handicapped or disabled, please specify:

