

TOWN OF SURFSIDE

9293 Harding Avenue
Surfside, Florida 33154
Tel: 305-861-4863
Fax: 305-861-1302

EMPLOYMENT APPLICATION

The Town of Surfside (the "Town") is an equal opportunity employer and considers applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or other legally protected status.

Please print in INK. Although a resume may be attached, all sections of the employment application must be FULLY completed for consideration. Use blank paper if additional space is needed.

Type of Position you are available for: Full Time Part-Time

Position applying for: (You could list more than one position)

Date of application:

How did you learn about the Town?

- Advertisement Walk-In Other
 Employment Agency Friend Relative

Last Name:

First Name:

Middle Name:

Street Address:

City:

State:

Zip Code:

Telephone: Home: (____) _____
Cellular: (____) _____

Social Security Number: _____

Email:

* Driver's License Type: Operator Class E Commercial Drivers License (CDL) None

* Driver License No: _____ State: _____

*Only required for jobs that require the operation of a motor vehicle.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an employment application with the Town before? Yes No
If "Yes" give date: _____

Have you ever been employed by the Town before? Yes No
If "Yes" give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

If hired, can you provide proof that you are authorized to work in the United States?
(Proof of citizenship or immigration status will be required upon employment) Yes No

Do you have any friends or relatives employed by the Town? Yes No
If so, indicate name and relationship: _____

Have you ever been convicted of a felony or first degree misdemeanor? Yes No
If "Yes," please explain (Note: This will not automatically disqualify an applicant from employment. The nature of the offense, how long ago it occurred, relationship to job applying for, etc., are taken into consideration.)

EMPLOYMENT EXPERIENCE *(Must be completed for consideration)*

Please list the names of your present and previous employers in chronological order starting with the present or most recent employer. Be sure to account for all periods of time including military service and any periods of unemployment. Use additional pages if needed.

Employer:		Address:		Phone#:
Job Title:			Length of Services (Specify Dates):	Hourly Rate/Salary:
			From: To:	
Supervisor's Name:	Supervisor's Phone:	Reason for Leaving:		
Duties Performed:				

Employer:		Address:		Phone#:
Job Title:			Length of Services (Specify Dates):	Hourly Rate/Salary:
			From: To:	
Supervisor's Name:	Supervisor's Phone:	Reason for Leaving:		
Duties Performed:				

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			From: To:	
Supervisor's Name:	Supervisor's Phone:	Reason for Leaving:		
Duties Performed:				

EDUCATION

	Name	Diploma/Degree	Course of Study
High School			
Technical/Vocational School			
Undergraduate College/University			
Graduate School			

Knowledge/Skills/Abilities– Describe all knowledge, skills and/or abilities you possess and believe relevant to the position(s) you seek, such as computer skills, supervisory or management certificates, operation of certain equipment, etc.

Are you able to perform all the essential functions of the position(s) for which you are applying for? Yes No
 If “No” is there a reasonable accommodation that can be made?

FOREIGN LANGUAGES

Indicate foreign languages you speak, read, and write.

	Fluent	Good	Fair
Speak			
Read			
Write			

REFERENCES

Provide name, address and phone number of three references who are not related to you and are not previous employers.

Name	Address	Phone Number

VETERANS’ PREFERENCE CLAIM

Listed below are the Veterans’ Preference categories.

The veterans' preference seeking applicant must have received an honorable discharge or must present documentation stating current service is honorable and, in accordance with section 295.07 F.S., meet one or more of the categories listed below:

Additionally, if the applicant is not the veteran and is claiming veterans' preference under one of the other criteria listed below, additional documentation may be required pursuant to Rule 55A-7, F.A.C.

- **Category a** – A veteran with a 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. [Section 295.07(1) (a), F.S.].
- **Category b**—The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. [Section 295.07(1) (b), F.S.].
- **Category c** – A wartime veteran as defined in section 1.01(14) F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. [Section 295.07(1) (c), F.S.].

- **Category d** – The unmarried widow or widower of a veteran who died of a service-connected disability. [Section 295.07(1) (d), F.S.].
- **Category e** – The mother, father, legal guardian, or unmarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. [Section 295.07(1) (e), F.S.].
- **Category f** – A veteran as defined in section 1.01(14), F.S., excluding active duty for training. [Section 295.07(1) (f), F.S.].
- **Category g** – Current member of any reserve component of the United States Armed Forces or the Florida National Guard. [Section 295.07(1) (g), F.S.]

Do you wish to Claim Veterans' Preference? **Yes*** **No**

*If Yes, it is your responsibility to submit Documentation (DD form 214) or comparable documents that serve as a certificate of release or discharge at the time of application.

If eligible, which Veterans' Preference category are you claiming? (Please check off the appropriate category above – a, b, c, d, e, f, or g).

Veterans' Preference Documentation Requirements

Applicants claiming Veterans' Preference are responsible for providing the required documentation at the time of submitting an application or prior to the closing date of the vacancy announcement. However, veterans who have served active duty under Title 10 for six months or less are frequently not provided a DD Form 214. Therefore, it will be necessary for these veterans to provide a copy of their military orders containing their report and release dates and a letter of reference attesting to their "Honorable" service signed by the military human resources department or the commanding officer (or equivalent officer) in charge of their active duty assignment. Other documentation may also be required as per Rule 55A-7, Florida Administrative Code (F.A.C.). Below are examples of acceptable documentation:

- Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document, commonly known as DD form 214 or military discharge papers, or equivalent certification from the United States Department of Veterans' Affairs (DVA), listing military status, dates of service and discharge type. [Under categories a, b, c, d and f].
- Disabled veterans shall also furnish a document from the Department of Defense, the DVA, or the Florida Department of Veterans' Affairs (FDVA) certifying that the veteran has a service-connected disability that is compensable under public laws administered by the DVA. [Under category a].
- Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the DVA that the veteran is totally and permanently disabled or an identification card issued by the FDVA; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability. [Under category b].
- Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment. [Under category b].
- The unmarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the DVA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried. [Under category d].

- The mother, father, legal guardian, or unremarried widow or widower of a deceased member of the Armed Forces who died in the line of duty under combat conditions shall furnish the following. [Under category e):
 - Mother or father of the deceased member shall submit birth certificate, adoptions papers or other legal documentation verifying the applicant is the parent and documentation from the Department of Defense certifying the service-connected death of the member was under combat-related conditions.
 - Legal guardian – To be determined. Review required on a case-by-case basis.
 - Unremarried widow or widower of a deceased member shall furnish evidence of marriage, a statement that the spouse is not remarried and documentation from the Department of Defense certifying the service-connected death of the member was under combat-related conditions.

- Current reserve and Florida National Guard members shall provide a letter stating they are a current member of any reserve component of the US Armed Forces or the Florida National Guard signed by the military human resources department or the commanding officer (or equivalent officer) in charge of their military service. [Under category g].

Military service which is eligible for veterans' preference has been expanded by section 295.07, F.S., effective July 1, 2014. Therefore, pursuant to the new statute, all military service members who received an honorable discharge are eligible for preference. However, the weight of the preference is determined by the category of veterans' preference chosen.

1. To receive preference as a wartime veteran pursuant to section 295.07, F.S., a veteran must have served in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized or a veteran who has served on active duty in a non-training status for at least one (1) day during one of the periods of wartime service listed below*:

- World War II: December 7, 1941, to December 31, 1946.
- Korean Conflict: June 27, 1950, to January 31, 1955.
- Vietnam Era: February 28, 1961, to May 7, 1975.
- Persian Gulf War: August 2, 1990, to January 2, 1992.
- Operation Enduring Freedom: October 7, 2001, and ending on the date thereafter prescribed by presidential proclamation or by law.
- Operation Iraqi Freedom: March 19, 2003, and ending on the date thereafter prescribed by presidential proclamation or by law. Operation Iraqi Freedom has been renamed Operation New Dawn effective September 1, 2010.

****The above is only a partial list, please see section 1.01(14) F.S., for a complete list of wars applicable for veterans' preference.***

2. To receive preference as a veteran during a non-wartime era, the applicant must provide discharge documentation such as the DO Form 214 (member copy #4) or comparable documentation.
3. To receive preference as a reservist or as a member of the Florida National Guard, the applicant must provide documentation of their current military status.
4. To receive preference under any of the other categories listed above, the applicant must provide documentation pursuant to Rule 55A-7, F.A.C.

AUTHORIZATION AND CONSENT FORM

I certify that answers given herein are true and complete to the best of my knowledge. I hereby authorize the Town of Surfside (the "Town") and/or its agents to verify all information contained herein. I authorize my current and former employers, references, registration and licensing boards and educational institutions listed on my application for employment to provide the Town with any job-related information requested. I also release all past employers and references from any and all liability for the release of information to the Town.

I understand that all job offers from the Town are conditioned on the successful completion of a criminal background check, physical, drug screening (if applicable for the position applied), credit check, drivers' record (if applicable for the position applied), reference check, past employment verification and proof of education (collectively referred to as a "background check"). By signing this application, I authorize the Town to conduct a background check and, if applicable, a consumer report to be procured for employment purposes.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the Town constitutes an employment contract unless a specific document to that effect is executed by the Town and employee in writing. In consideration for my employment, I agree to conform to the rules and regulations of the Town. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the Town's sole option and without prior notice to me.

Printed Name of Applicant

Date

Signature of Applicant (Must be in ink)



Collection and Use of Social Security Numbers

In accordance with FSS 119.071, The Town of Surfside's purpose for collecting your social security number is:

Check those that apply:

- Employment Application Process
- Payroll Eligibility Verification
- Identification and Verification
- Employment Benefits
- Income Reporting
- Other

ACKNOWLEDGMENT: I _____, hereby confirm that I have received a copy of this written statement describing the purpose(s) for collecting my Social Security Number as required by FSS 109.071(5)(a)(3).

By: _____ (Date) _____
 (Signature)

Name: _____

_____ (Date) _____
 (Witness)



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(Witness) (Date)