



City of Sunny Isles Beach
Application for Employment Information/Checklist

Human Resources Department
18070 Collins Avenue, Sunny Isles Beach, FL 33160
(305) 792-1708 Phone (305) 792-1643 Fax

Human Resources Date Stamp:

Name: _____ Position Applying for: _____

Thank you for expressing an interest in working with the City of Sunny Isles Beach. The following information is provided to assist you in the employment application process:

- The City of Sunny Isles Beach only accepts applications for open positions.
- Job postings are available on the city's website: www.sibfl.net. Please read the job posting in its entirety and apply only for those jobs for which you meet the minimum qualifications.
- Applications must be received before the closing deadline listed on the job posting.
- Applications must be complete and legible. Avoid leaving any area blank. Write N/A where appropriate.
- Applications must include a telephone number and/or e-mail address.
- Under Florida law, employment applications are open for public inspection.

Please check boxes below to indicate attached items.

DOCUMENTS REQUIRED BY ALL APPLICANTS:

THE FOLLOWING COPIES OF DOCUMENTS AND INFORMATION MUST BE SUBMITTED AT TIME OF APPLICATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. PLEASE SUBMIT COPIES OF YOUR DOCUMENTS AS DOCUMENTS WILL NOT BE RETURNED.

- CITY OF SUNNY ISLES BEACH APPLICATION FOR EMPLOYMENT**
 - *Non-police applicants: Your employment history must include all positions held within the past ten (10) years. All gaps in employment history must be explained even if you were attending school full time. (Attach additional sheets to application if necessary.)*
 - *Police Applicants: Your employment history must include all positions held since the age of 18 to present. All gaps in employment history must be explained even if you were attending school full time. (Attach additional sheets to application if necessary.)*
- HIGH SCHOOL DIPLOMA or CERTIFICATE OF EQUIVALENT EDUCATION or CERTIFIED COLLEGE TRANSCRIPTS**
- CITY OF SUNNY ISLES BEACH VETERAN'S PREFERENCE CLAIM FORM** (if applicable)
- DD214 MILITARY RELEASE FORM MEMBER 4 COPY** (if applicable)
- CERTIFIED COPY OF DEPARTMENT OF MOTOR VEHICLE DRIVER'S LICENSE HISTORY (7 YEARS).** (if job posting states Florida Driver's License required)
- PROOF OF ANY LICENSES AND/OR CERTIFICATIONS REQUIRED BY POSITION**

ADDITIONAL DOCUMENTS REQUIRED BY POLICE OFFICER APPLICANTS:

- ALL DOCUMENTS LISTED IN PRIOR SECTION**
- PROOF OF FLORIDA DEPARTMENT OF LAW ENFORCEMENT (FDLE) CERTIFICATION**
- PROOF OF SUCCESSFUL COMPLETION OF TEST FOR ADULT BASIC EDUCATION (T.A.B.E.)** (Applicants with an Associate's Degree or higher are exempt from the T.A.B.E. test only.)
- PROOF OF SUCCESSFUL COMPLETION OF PHYSICAL AGILITY TEST** (test results must be from 6 months prior to application date and must be from an FDLE approved testing center)
- PROOF OF SUCCESSFUL COMPLETION OF SWIM TEST** (test results must be from an FDLE approved testing center)

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION.

EMPLOYMENT EXPERIENCE
(This section 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.

Non-Police Officer applicants: Include all positions held within the past ten (10) years. All gaps in employment history must be explained even if you were attending school full time. (Attach additional sheets to application if necessary.)

Police Officer Applicants: Include all positions held since the age of 18 to present. All gaps in employment history must be explained even if you were attending school full time. (Attach additional sheets to application if necessary.)

| | | |
|--------------------------|--|---------------------------|
| Employer | Address | Phone |
| Job Title | Length of Services From: To: | Hourly Rate/Salary |
| Supervisor's Name | Supervisor's Phone | Reason for Leaving |
| Duties Performed: | | |

| | | |
|--------------------------|--|---------------------------|
| Employer | Address | Phone |
| Job Title | Length of Services From: To: | Hourly Rate/Salary |
| Supervisor's Name | Supervisor's Phone | Reason for Leaving |
| Duties Performed: | | |

| | | |
|--------------------------|--|---------------------------|
| Employer | Address | Phone |
| Job Title | Length of Services From: To: | Hourly Rate/Salary |
| Supervisor's Name | Supervisor's Phone | Reason for Leaving |
| Duties Performed: | | |

| | | |
|--------------------------|--|---------------------------|
| Employer | Address | Phone |
| Job Title | Length of Services From: To: | Hourly Rate/Salary |
| Supervisor's Name | Supervisor's Phone | Reason for Leaving |
| Duties Performed: | | |

| EDUCATION | | | |
|----------------------------------|------|----------------|------------------|
| | Name | Diploma/Degree | Courses of Study |
| High School | | | |
| Undergraduate College/University | | | |
| Graduate School | | | |

| MILITARY SERVICE |
|---|
| <p>Have you ever been a member of the U.S. Armed Forces: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Branch _____</p> <p>Do you wish to claim a veteran's preference? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If yes, you must submit a completed Veteran's Preference Form and copy of your DD214 or acceptable proof.</i></p> |

| ACTIVE LICENSE, REGISTRATION, CERTIFICATION |
|---|
| <p>List any and all Licenses/Registrations/Certifications you possess and believe relevant to the position you seek (such as CPR, PE, CPA, FDLE, ETC.)</p> <p>_____</p> <p>_____</p> <p>_____</p> |

| KNOWLEDGE / SKILLS/ ABILITIES |
|--|
| <p>List any and all Knowledge/Skills/Abilities you possess and believe relevant to the position you seek (such as operating heavy equipment, computer skills, fluency in language(s), etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Technical/Special Training – Describe specialized training, apprenticeship, and extracurricular activities relating to the position applying for:</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Describe any volunteer activities that have developed job skills</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Describe any honors you have received</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>List professional, trade, business or civic activities, and offices relating to the position applying for that you have held. Exclude memberships which indicate sex, race, religion, national origin, age, ancestry, or handicap or other protected status.</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Are you able to perform the essential functions of the job for which you applied? If "no", is there a reasonable accommodation that can be made?</p> <p>_____</p> <p>_____</p> <p>_____</p> |

FOREIGN LANGUAGES

Indicate foreign languages you speak, read, and write.

| Language | Speak (yes/no) | Read (yes/no) | Write (yes/no) |
|----------|----------------|---------------|----------------|
| | | | |
| | | | |
| | | | |

REFERENCES

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

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

CRIMINAL HISTORY

Have you ever been convicted, pled nolo contendere (no contest), pled guilty, or had adjudication withheld for any violation of the law, ordinance, or criminal traffic violation. *A conviction includes a plea of guilty, guilty verdict, or finding of guilt, regardless of whether the sentence is imposed by the court or adjudication is withheld.* YES NO

If yes, provide details below, including fines, convictions, probation, jail, or prison sentences (including those while in the military): Attach separate sheet if necessary.

| Date | Offense/Charge | Name/Location of Court | Disposition/Sentence |
|------|----------------|------------------------|----------------------|
| | | | |
| | | | |

Note: A criminal background check and driving record check will be conducted if you are considered for employment. Information concerning convictions may not necessarily disqualify an applicant. However, any

Have you ever been named in a charge of discrimination or a lawsuit? YES NO

If so, 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.)

For Police Officer Applicants only:

Do you have any charges that are pending disposition? YES NO

If "YES", Name of offense _____

Name, City and State of court _____

NOTE: A conviction does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, relationship to this job, etc. are given consideration. (Attach additional sheets to application if necessary.)

PUBLIC RECORDS EXEMPTION

Florida Statute 119.07 provides certain exemptions from public inspections of records for active and former law enforcement personnel; correctional and correctional probation officers; certified firefighters; Justices of Supreme Court, district court of appeal judges and county court judges; current or former state attorneys, assistant state attorney, statewide prosecutors or assistant statewide attorneys; code inspectors and code enforcement officers. Do you, your spouse or children fall into one of the aforementioned categories?

YES NO

If "Yes", Name: _____

Title: _____ Relationship: _____



**City of Sunny Isles Beach
Applicant Consent and Authorizations**

Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, FL 33160
(305) 792-1708 Phone (305) 792-1643 Fax

Please read carefully before signing

Application Certification Statement:

I hereby certify that all of the information provided in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

At-Will Statement:

I understand that submission of an application does not guarantee employment or job availability. I further understand that, should an offer of employment be extended by the City of Sunny Isles Beach or accepted that such employment is "at-will" and does not create a contractual obligation upon the City of Sunny Isles Beach to continue to employ me in the future.

Pre-Employment Screening Authorization:

I understand that if offered a position with the City of Sunny Isles Beach, I will be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. Additional tests, as deemed necessary by the City, may be required as a condition of employment. These may include, but are not limited to, Polygraph test – for public safety personnel or personnel required to handle money; psychological profile – law enforcement personnel; driver license and credit checks. I understand that unsatisfactory results, refusal to cooperate, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

Background Check Authorization Statement:

By signing this statement, I hereby authorize verification of my background and conviction record and authorize any and all schools, employers, references, courts and any others who have information about me to provide such information to the City of Sunny Isles Beach and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

Loyalty Oath & Identity and Employment Eligibility:

Persons selected for employment must take a Loyalty Oath as per Florida Statute 876.05 and establish identity and employment eligibility under the Immigration Reform and Control Act 1986.

City Policy (Rules and Regulations):

In consideration for my employment I agree to conform to the rules and regulations of the City. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the City's sole option and without prior notice to me.

Smoke Free Workplace Policy:

The City of Sunny Isles Beach is a Smoke Free Workplace. Smoking is not allowed while on duty. Smoking is not allowed at city-sponsored functions while on duty or while representing the City in an official capacity. Smoking is not allowed in City buildings or vehicles at any time.

This acknowledgement and consent shall continue to be in effect during my active employment

I have read, understand, and agree to the terms of the above statements.

| | | |
|------------------------|-----------|---------------------|
| Printed Name | Signature | Date |
| Employment Application | Page 6 | Rev. Date: 11/18/10 |



**City of Sunny Isles Beach
Equal Employment Opportunity Action Data Sheet**

Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, FL 33160
(305) 792-1708 Phone (305) 792-1643 Fax

Your cooperation is voluntary; inclusion/exclusion of any data will not affect any employment decision.

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status. As an EEO employer, we comply with all applicable government regulations.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note all Data Records are kept in a Confidential File and are not part of your Application for Employment or personnel file.

Name: _____ **Social Security:** _____

Position Applied For: _____ **Date of Application:** _____

GENDER DATA Female Male

RACE/ETHNIC CATEGORIES (CHECK ONE)

| | |
|--------------------------|--|
| <input type="checkbox"/> | White (not of Hispanic origin): All persons having origins in any of the original people of Europe, North America or Middle East. |
| <input type="checkbox"/> | Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa. |
| <input type="checkbox"/> | Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race. |
| <input type="checkbox"/> | 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 example, China, India, Japan, Korea, the Philippine Islands, and Samoa |
| <input type="checkbox"/> | 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. |

Do you need any accommodation in order to take a City examination, due to a physical or mental disability/ condition? YES NO

If yes, please describe the type of accommodation needed: _____

Would you need any accommodation in order to properly perform the essential functions of the job for which you are applying? YES NO

If yes, please describe the type of accommodation needed: _____

How were you informed about the vacancy for which you are applying? (Check only ONE)

- City Website City Hall Bulletin Board Internet Site: _____
- Pelican Comm. Park Other City Department High School/College: _____
- City of SIB Employee Friend (not a SIB employee) Professional Journal: _____
- Newspaper: _____ Other: _____