



**City of Sunny Isles Beach
Employment Application**

Human Resources Department
18070 Collins Avenue, Sunny Isles Beach, FL 33160
(305) 792-1708 Phone (305) 949-3113 Fax
www.sibfl.net

Human Resources Date Stamp:

POSITION:

Position Applied For: _____

Date Available: _____ Minimum Acceptable Salary: _____

- Applicants must notify the City's Human Resources Department in advance if you require special disability accommodation to participate in the interview process at (305) 792-1708.
- Applications that are not legible or incomplete will not be considered.
- Proof of education/certification will be required and verified upon conditional job offer. If you are under 18 years of age, you must provide proof of age.
- Sign your name in the Certification Section (page 5). All information you submit is subject to verification.
- The City of Sunny Isles Beach collects your Social Security number for the following purposes: Classification of Accounts; Identification and Verification; Credit Worthiness; Billing and Payments; Data Collection, Reconciliation, and Tracking; Benefit Processing; and Tax Reporting. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

Equal Opportunity Employer / Drug Free Work Place / No Gift Policy / No Smoking Policy

APPLICANT INFORMATION

Last:	First:	Middle:
Address:		
City:	State:	Zip Code:
Home Phone:	Work:	Cell:
Social Security No.:	Primary Email:	

EDUCATION

HIGH SCHOOL NAME:	DIPLOMA/GED:
LOCATION:	<input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (OFFICIAL TRANSCRIPT MAY BE REQUIRED) Foreign degrees must be accompanied by transcript evaluations performed by accredited American colleges or universities, or NACES approved credential evaluation services. If needed, attach additional sheets using the same format as on the application.

NAME OF SCHOOL	LOCATION	MAJOR/ MINOR	DEGREE EARNED	TYPE OF DEGREE EARNED <i>or</i> CREDIT HOURS COMPLETED
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.) If needed, attach additional sheets using the same format as on the application.

NAME OF SCHOOL	LOCATION	DATE OF ATTENDANCE (MONTH/YEAR)		COURSE OF STUDY	TRAINING COMPLETED
		FROM	TO		
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Your name, if different while attending any of the above schools:

ACTIVE LICENSE, REGISTRATION, CERTIFICATION EXAMPLES: CDL, CPR, PE, CPA, FDLE, ETC.

(If needed, attach additional sheets using the same format as on the application.)

LICENSE, REGISTRATION OR CERTIFICATION:	NUMBER	TYPE/DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

MILITARY SERVICE RECORD

Have you ever been a member of the U.S. Armed Forces: YES, Branch _____ NO

Do you wish to claim a veteran's preference? YES NO

If yes, please complete a Veteran's Preference Form which is available at City Hall. This form must accompany your application along with an original or certify copy of your DD214 or acceptable proof.

WORK HISTORY FOR THE PAST TEN (10) YEARS AND ALL EMPLOYMENT RELATED TO THE POSITION APPLIED FOR (A resume may be attached but will not be accepted in place of this information.)

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets using the same format as on the application. All information in this section must be completed.

Were you ever discharged, terminated, fired or forced to resign from a job? YES NO

If yes, explain, giving name and address of employer, approximate date and reason in each case.

If needed, attach additional sheets using the same format as on the application

1 Name of Current or Last Employer: _____

Address: _____ Phone No.: _____

Your Job Title: _____ Supervisor's Name: _____

Supervisor's Title: _____

FROM: ___/___ TO: ___/___ HOURS PER WEEK: _____ ENDING SALARY: _____
M YR M YR

Duties and Responsibilities:

Reason For Leaving: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? ___ YES ___ NO YOUR NAME IF DIFFERENT DURING EMPLOYMENT _____

2

Name of Employer: _____

Address: _____ Phone No.: _____

Your Job Title: _____ Supervisor's Name: _____

Supervisor's Title: _____

FROM: ___/___ TO: ___/___ HOURS PER WEEK: _____ ENDING SALARY: _____
M YR M YR

Duties and Responsibilities:

Reason For Leaving: _____

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

3

Name of Employer: _____

Address: _____ Phone No.: _____

Your Job Title: _____ Supervisor's Name: _____

Supervisor's Title: _____

FROM: ___/___ TO: ___/___ HOURS PER WEEK: _____ ENDING SALARY: _____
M YR M YR

Duties and Responsibilities:

Reason For Leaving: _____

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

4

Name of Employer: _____

Address: _____ Phone No.: _____

Your Job Title: _____ Supervisor's Name: _____

Supervisor's Title: _____

FROM: ___/___ TO: ___/___ HOURS PER WEEK: _____ ENDING SALARY: _____
M YR M YR

Duties and Responsibilities:

Reason For Leaving: _____

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

If needed, attach additional sheets using the same format as on the application.

KNOWLEDGE / SKILLS/ ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

CRIMINAL HISTORY

1. EXCEPT FOR MINOR TRAFFIC CITATIONS, HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, PLED NOLO CONTENDERE OR PLED GUILTY TO ANY CRIME, OR HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", Name of offense _____

Name, City and State of court _____

Date of Conviction: _____ Disposition: _____

For Police Officer Applicants only:

2. 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

CITIZENSHIP

Only United States citizens or legal aliens have the right to work in the United States and are eligible for employment. Can you upon employment verify your identity and legal right to work in the United States? YES NO

NOTE FOR POLICE OFFICER APPLICANTS: You must be a US Citizen in order to be employed as a Police Officer.

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF SUNNY ISLES BEACH? YES NO

IF YES, LIST NAME AND RELATIONSHIP: _____

DRIVING AND TRAFFIC RECORD (For positions requiring driving)

Issuing State: _____ Number: _____

Type of License: _____ Exp. Date: _____ If Commercial, include classification: _____

Have you ever been refused a driver's license? YES NO

Has your license ever been suspended or revoked? YES NO

If yes, please explain including dates: _____

List below all traffic offenses where you were found guilty, where charges are pending adjudication, where you pled guilty or nolo contendere, where adjudication was withheld, or where you were placed on probation or a supervised program. List all citations for the past 7 years. If needed, attach additional sheets using the same format as on the application. **NOTE:** Traffic offenses will not automatically disqualify you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Date	Charge	City/County/State	Disposition

LAW ENFORCEMENT FLAG/PUBLIC RECORDS

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

Name: _____

Relationship: _____

Exempt Title: _____

CERTIFICATION

I understand that if I am hired, employees of the City of Sunny Isles Beach are governed by an Employment-at-Will policy (hiring and termination are within the discretion of appointing authority); I will be in an introductory period of employment for six (6) months (police 12 months). I further understand that should I resign before completion of the initial introductory period, I will reimburse the City for the cost of my pre-employment testing and screenings. Such fees will be withheld from my final paycheck.

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for employment consideration and, if I am hired, may be grounds for termination. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my employment history and fitness for employment by current/previous employers, schools, law enforcement agencies, and others as applicable. This consent shall continue to be in effect during my active employment. I understand that applications submitted for City employment are public records except as otherwise exempted by law. I certify that to the best of my knowledge all of the statements contained herein and on any attachment are true, correct, complete, and made in good faith.

Print Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE

Date Application Received: _____

Application is legible and complete: YES NO

Application Accepted: YES NO

If not, why: _____

HRD Rep. Initials: _____ Date: _____

**CITY OF SUNNY ISLES BEACH
EMPLOYMENT INQUIRY RELEASE**

I understand as a condition of employment that statements I have made either verbally or in writing in the course of my seeking employment with the City of Sunny Isles Beach will be verified through various sources including but not limited to a Criminal History Records search, Drivers License History, Former and current employers, personal references and consumer credit report. I hereby authorize the City of Sunny Isles Beach to obtain any information in files pertaining to my employment records including, but not limited to, achievement, attendance, personal history and disciplinary records and credit records. 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 is for the official use only of the City of Sunny Isles Beach. Consent is further granted for the City of Sunny Isles Beach to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release you may contact me as indicated below.

Full Name: _____

Current Address: _____

Telephone: _____ **Cell:** _____

Other Prior Names/Aliases: _____

Drivers License #: _____ **State:** _____

Name (Signature)

Date

Witness Signature

Notarization Required For Police Department Applicants Only

State of Florida, County of _____
Subscribed and sworn before me on this ____ day of _____, 20__.
He/She is personally known to me or has produced _____ as identification.
_____ Signature of Notary Public
_____ Name of Notary Public
_____ Commission number or stamp

**CITY OF SUNNY ISLES BEACH
SMOKE/TOBACCO FREE WORKPLACE**

The City of Sunny Isles Beach is a **Smoke/Tobacco Free Workplace**. Under the following circumstances use of tobacco products by employees is not allowed:

- While on duty
- At City-sponsored functions while on duty
- While representing the city in an official capacity
- While in city buildings or vehicles at any time

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that the City of Sunny Isles Beach is a smoke/tobacco free workplace and, as a condition of employment, am not allowed to smoke while on duty, while at city-sponsored functions while on duty, while representing the city in an official capacity or while in city buildings or vehicles at any time.

Dated and signed this _____ day of _____, 20____.

Applicant Signature

Applicant Printed Name

**CITY OF SUNNY ISLES BEACH
DRUG-FREE WORKPLACE**

It is the intent of the City of Sunny Isles Beach to provide a drug-free environment for its employees and for the safety and welfare of the general public.

“I, _____, do hereby acknowledge that the City of Sunny Isles Beach is a drug-free workplace and prohibits the use, manufacture, possession, solicitation or sale of illegal drugs, alcohol, or controlled substances as defined by Section 893.02, Florida Statutes, whether such act(s) is performed on or off-duty, where my work performance is adversely affected or impaired, impacts the safety or welfare of other employees or risks the safety or welfare of the general public. I also understand and agree that the City may conduct random testing where the City reasonable believes that I am under the influence of alcohol, illegal drugs or controlled substances. I also understand that failure to submit to the City’s drug test is a violation of the City’s drug-free policy and may result in disciplinary action against me including, but not limited to, termination of my employment with the City.”

Dated and signed this _____ day of _____, 20____.

Applicant Signature

Applicant Printed Name

