

City of Treasure Island Employment Application	Date Received: _____	Human Resources Department 120 108th Avenue Treasure Island, FL 33706
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INSTRUCTIONS: Only the applicant can complete and sign this form. This Application will remain active for ninety (90) days. **Please Answer All Questions.** Incomplete applications will not be referred to the hiring supervisor for review. If you need additional space, use a separate sheet of paper. You may add a resume or attach copies of documents you feel help clarify your background, but resumes will not be accepted in lieu of a fully completed application. Information you provide will be verified and a background investigation will be conducted on all applicants considered for hire.

POSITION APPLIED FOR: _____

Name: _____ Social Security No.: _____

Present Address _____

City: _____ State: _____ ZIP: _____

Telephone Number: Home: _____ Business: _____

Earliest Date you would be able to start: _____ Salary Desired _____

Are you over 18 years of age? _____ Do you have a legal right to work in the U.S.? _____

How did you learn about this job opening? _____

Are you available to work any shift? _____, Weekends? _____, Holidays? _____ Evenings? _____

EDUCATION

From Secondary School (High School) and beyond, list the schools you have attended, the dates you attended, and whether or not you graduated or received a degree:

Name and Address of School	Course of Study	Dates Attended From: To:	Degree Earned
		-	
		-	
		-	
		-	

List any licenses or certifications you have that relate to this job: _____

NOTE: This Application Form is **NOT FOR LAW ENFORCEMENT APPLICANTS.**
You may obtain a Law Enforcement Application Form from the Personnel Department or download it from the City website.

NOTE: A criminal background check and driving record check will be conducted if you are considered for hire. Information concerning arrests and convictions may not necessarily disqualify an applicant; however any applicant who falsifies the application by failing to provide required information will, if employed, be subject to dismissal.

Have you ever been arrested, convicted, or pled no contest o any violation of the law, police regulation, or ordinance? _____

If you answered yes, provide details (include fines, convictions, probation, jail or prison sentences –including those that occurred while in the military. Also include traffic violations which resulted in fines of more than \$50)

Date	Offense \ Charge	Name \ Location of Court	Disposition \ Sentence

Driver’s License State: _____ Class: _____ Date Expires: _____

Drivers’ License Number: _____

Have your driver’s license privileges ever been suspended or revoked ? _____ If yes, explain _____

Are you related to anyone presently employed by the City of Treasure Island ? _____

If yes, Name: _____ Relationship: _____

Have you ever been employed by the City of Treasure Island ? _____ If yes, complete the following:

Dates previously employed: from _____ to _____

Position held: _____

Reason for leaving: _____

List any job related professional, technical, or trade associations in which you are a member _____

MILITARY SERVICE Have you ever served in the U.S. Military ? _____

If yes, branch: _____ Dates of Active Duty: from _____ to _____ Rank: _____

Occupational Specialty: _____ Type of Discharge: _____

Many Full Time City Employees are required to report for work during disasters such as hurricanes, etc. Do you have any problem meeting this requirement? _____. If so, provide details: _

EMPLOYMENT RECORD List below the most recent dates first, **EACH AND EVERY PLACE** in which you were employed for the past twenty years. **OMIT NONE.** Give correct, full addresses. If employment was interrupted by military service or unemployment list those periods in chronological order with other employment history. Include part-time employment.

Attach additional sheets if necessary.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Do you have any objection to us contacting your present employer? _____

<p>Employer: _____ Phone:(____)</p> <p>Address: _____</p> <p>Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____</p> <p>Name/Title of your supervisor: _____</p> <p>Your Job Title: _____</p> <p>Your duties and responsibilities: _____</p> <p>Reason for Leaving: _____</p>
<p>Employer: _____ Phone:(____)</p> <p>Address: _____</p> <p>Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____</p> <p>Name/Title of your supervisor: _____</p> <p>Your Job Title: _____</p> <p>Your duties and responsibilities: _____</p> <p>Reason for Leaving: _____</p>
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Employer: _____ Phone: _____

Address: _____

Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____

Name/Title of your supervisor: _____

Your Job Title: _____

Your duties and responsibilities: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____

Name/Title of your supervisor: _____

Your Job Title: _____

Your duties and responsibilities: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____

Name/Title of your supervisor: _____

Your Job Title: _____

Your duties and responsibilities: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Starting Date: _____ Ending Date: _____ Starting Salary: _____ Ending Salary: _____

Name/Title of your supervisor: _____

Your Job Title: _____

Your duties and responsibilities: _____

Reason for Leaving: _____

REFERENCES

List three personal or professional references who are not relatives:

Name:	Telephone:
Occupation:	Years Acquainted:
Name:	Telephone:
Occupation:	Years Acquainted:
Name:	Telephone:
Occupation:	Years Acquainted:

CERTIFICATION /AUTHORIZATION PLEASE READ CAREFULLY

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application, and that all foregoing entries are true, complete, and correct to the best of my knowledge and belief.

I hereby authorize the City of Treasure Island to verify all information contained herein and I release all past employers and all references from any and all liability for the release of information to the City of Treasure Island.

I understand that all job offers from the City of Treasure Island are conditioned upon successful completion of a health questionnaire and medical examination by a City appointed physician to determine my ability to perform essential functions of the job offered. Such exam shall include alcohol/drug testing for which I give consent.

I further understand and agree in advance that I may be summarily discharged if any of the information provided by me contains any misrepresentations, or falsifications, or if any material information has been omitted.

I understand that a condition of employment is that I am required to use direct deposit for my payroll.

The City of Treasure Island collects the social security number of employees and applicants for employment for the following purposes: identification and verification; credit worthiness; benefit processing, and tax reporting. Social security numbers may also be used as a unique numeric identifier and may be used for search purposes. Social security numbers held by the City of Treasure Island are confidential and exempt from s.119.07(1) and s. 24(a), Art. I of the State Constitution (public records disclosure).

Signature of Applicant

Date signed

NOTICE TO EMPLOYMENT APPLICANTS

Read Carefully and sign below

The selection of top-notch personnel is most important to us. Our product is service. In order to provide high quality services to Treasure Island residents, the City strives to competitively hire the person best qualified for each position.

Resumes and other documentation you wish to submit may be added, but resumes will not be accepted in lieu of a fully completed City application form. We expect that you will take the time to complete all areas of the application form and sign it. The information you provide will be verified. If there are omissions, falsifications, or misrepresentations, we will have to withdraw your application from consideration. Should you start employment prior to the completion of the entire verification process, any falsifications or misrepresentations on the application will result in termination of your employment.

Your application is a public record and can be viewed and/or copied upon request from any person.

Your Social security number is confidential and exempt from this public records disclosure provision. There are other personal information exemptions for persons who have worked in certain types of public employment (law enforcement, code enforcement for example) and these exemptions will be applied.

The top candidates will be contacted for an interview with the hiring department head and/or testing. If you are interviewed by the hiring department head, but not selected to fill the position, you will be notified as soon as possible. We are unable to give you an accurate time frame in which a decision will be made as this is determined by the hiring department head's current work load. If you do not receive a call to schedule an interview, you may assume that someone else was hired for the position, and no further correspondence will take place. Your application will be kept on active file for 90 days. You may apply for another job vacancy posted during this period by notifying the Personnel Department.

Offers of employment are contingent upon the selected applicant passing any testing deemed necessary by the hiring department head, drug screening, and a physical examination.

The City has a Drug Free Workplace Program that includes, pre-hire, reasonable suspicion, fitness for duty, random, and post-accident substance testing. A copy of the program is available for inspection in the Personnel Office.

The City has an Equal Employment Opportunity Policy posted in the Personnel Office. We believe that one of our greatest strengths as an organization is the diversity of our people.

Persons being hired by the City of Treasure Island will also be checked for the following:

Drivers License check; Local, state, and national criminal history record check; Verification of all information on application; Background investigation that includes interviews with previous employers and others who can attest to your work habits, qualifications, and character. A credit report may be made for some positions;

Among other requirements, persons being hired by the City of Treasure Island will:

Complete the Immigration & Naturalization Form I-9; Be fingerprinted by the City's Police Department
Take an employee loyalty oath; Provide copies of any required licenses or certifications

The City of Treasure Island collects the social security number of employees and applicants for employment for the following purposes: identification and verification; credit worthiness; benefit processing, and tax reporting. Social security numbers may also be used as a unique numeric identifier and may be used for search purposes.

If you have any questions, feel free to ask anyone in the Personnel Office

I certify that I have read the above notice; that I have had an opportunity to ask questions about it; that I fully understand this notice and have received a copy.

Applicant's signature: _____ Date: _____

This form will not be sent to the hiring supervisor. It will be detached, retained in the Personnel Department, and used to perform an initial background investigation in the event that the hiring supervisor selects you for a job offer following an interview and/or other examinations.

Request for Initial Criminal Records Check

APPLICANTS PRINTED NAME: _____

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

SOCIAL SECURITY #: _____

I respectfully request and authorize the **Florida Department of Law Enforcement** to furnish the **City Of Treasure Island** any and all information that you have concerning criminal arrests and convictions under Florida Statutes or statutes of other jurisdictions. This authorization is valid for 90 days from the date signed below.

Applicants Signature

Date

Address

City

State

Zip Code

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on _____ by _____
(date) (name of affiant)

He/She is personally known to me or has presented _____
(type of identification)

as identification.

Signature _____

Name & Title _____

Commission No. _____ Expires _____

YOUR COPY –DETACH

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Your application is a public record and can be viewed and/or copied upon request from any person. Your Social security number is confidential and exempt from this public records disclosure provision. There are other personal information exemptions for persons who have worked in certain types of public employment (law enforcement, code enforcement for example) and these exemptions will be applied.

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DETACH AND KEEP THIS PAGE --IT IS YOUR COPY OF THE NOTICE