



GENERAL APPLICATION FOR EMPLOYMENT

Human Resources
City of New Smyrna Beach
210 Sams Avenue
New Smyrna Beach, Florida 32168

PLEASE PRINT OR TYPE

Date of Application _____

Position(s) Applied For _____

The City of New Smyrna Beach accepts applications at the time open positions are posted. Applications may be rejected if you do not complete the entire application form and provide the requested documents. Your application will be kept active for one year. If you wish to apply for other job openings within this one year period you may use the same application form by contacting Human Resources with your request at the time a new position is posted.

How did you hear about this position? City Website ___ Referral ___ Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Home Phone: _____ Cell Phone: _____ Email address: _____

Have you applied for a position here before? ___ No ___ Yes Date When _____

Have you ever been employed here before? ___ No ___ Yes Date When _____

Are you a lawfully eligible to work in the United States? ___ Yes ___ No
(Verification of eligibility will be confirmed upon employment)

Are you available to work? _____ Full Time _____ Part Time _____ Shift Work

Does the City of New Smyrna Beach employ any relative (by blood or marriage) or cohabitant of yours?
___ Yes ___ No

If yes, provide name, relationship and department where they work:

Name _____ Relationship _____ Dept. where employed _____

Name _____ Relationship _____ Dept. where employed _____

The City of New Smyrna Beach, Florida, is firmly committed to prohibiting discrimination on the basis of race, color, sex, age, religion, national origin or disability. This commitment applies to the entire City employment process, from advertising, review, selection, hiring and disciplinary procedures up to and including termination of employment.

RECORD OF EDUCATION

SCHOOL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA / DEGREE
HIGH SCHOOL or GED			10 11 12	Yes/No Yes	
COLLEGE			1 2 3 4	Yes/No	
OTHER SPECIFY			1 2 3 4	Yes/No	

Honors Received: _____

Military Service Record: Were you in the U.S. Armed Forces ___ Yes ___ No If yes, what Branch? _____

Dates of Service: From _____ To _____ Rank at Discharge: _____ List duties or job related training: _____

*If you wish to claim Veterans Preference you must complete form provided at the end of this application.

Specialized Training/Skills/Equipment: Copy/Scan/Fax ___ 10-key ___ Personal Computer ___ Other _____

List computer/software experience: _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position which you are applying for:

Do you meet the minimum requirements listed on the Job Description for the position you are applying for?
 Yes ___ No ___

The City of New Smyrna Beach will require a Criminal History Disclosure Form to be completed during the selection process. Note: Conviction of a crime or adjudication alone typically will not disqualify you from being considered for employment unless it is related to the position sought. Failure to submit or giving inaccurate information on the Criminal History Disclosure Form may cause candidates to be disqualified or dismissed.

Work History: List each job held. Start with your PRESENT or MOST RECENT job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin). Are there any employers listed below you WOULD NOT like contacted for employment reference checks?

___Yes ___No If yes, please indicate by placing a check in the box by employer's name.

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
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Employer	Dates		WORK PERFORMED
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Telephone			

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

Professional References: List three (3) persons **not related** to you who have knowledge of your skills, qualifications and character.

Name and Occupation	Full Address	Telephone Number with Area Code
1. _____	_____	(____)_____
2. _____	_____	(____)_____
3. _____	_____	(____)_____

APPLICANT’S CERTIFICATION and AGREEMENT – Please Read Carefully Before Signing

Statement of Application: I understand that previous employers will be contacted for references. I hereby authorize former employers to furnish any and all records of my service with them. I also release my former employers from any liability for any damage in providing this information. I also authorize educational institutions to furnish any records of education-related information they may have concerning me.

Status: I understand that positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full time positions, with the exception of FICA and Worker’s Compensation.

Probation Period: I understand that if hired, my position with the City of New Smyrna Beach is temporary during the established initial probationary period. My employment may be ended before the expiration of that period for any reason, without recourse.

Physical Examination/Drug/Alcohol Testing: I am aware that the City of New Smyrna Beach is a “Drug-free Workplace”. I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the Americans With Disabilities Act (ADA). I also understand that the post-offer physical, I will receive a copy of the City’s Drug-free Workplace Program. Any illegal or controlled substance that shows in my test results will cause my immediate disqualification for employment with the City of New Smyrna Beach.

Public Records: Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the City of New Smyrna Beach may be public record and open for inspection by the public. Some records, such as social security numbers, examination questions and answers and medical documentation are not public records and may not be disclosed.

Certification: I understand that this application must be completed in full. Incomplete applications may be rejected. I agree that any false or misleading information provided by me will be cause for canceling the application process. If hired by the City of New Smyrna Beach, after my hire date, it may cause my dismissal from City service. I have answered all the questions on this form completely and truthfully. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures and policies of the City of New Smyrna Beach.

Release of Information: I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the City, its officers, agents or employees, and (ii) the City, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information. Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment with the City of New Smyrna Beach.

By signing below you hereby acknowledge I will be required to complete a Criminal History Disclosure Form for the City of New Smyrna Beach when requested.

Signature: _____ Date: _____

PLEASE CONTINUE TO NEXT PAGE

**CITY OF NEW SMYRNA BEACH
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE**



City of New Smyrna Beach

Name: _____

Date: _____

The City of New Smyrna Beach, is an Equal Opportunity Employer, and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, State or Local law. The information below will be used only in the compilation of data for required reporting to the Federal Government. Completion of this data is voluntary and will be kept confidential. It will not affect your opportunity for employment, or terms and conditions of employment, if hired. A photocopy of your Drivers' License or State ID is also required. This information will not be included with the application when it is submitted for review.

Position Applied for/Dept: _____

Female___ Male___

Race (check one):

African American or Black (not Hispanic origin)

Hispanic

Alaskan Native American Indian

White (not Hispanic origin)

Asian or Pacific Islander

Other

Please Specify: _____

Date of Birth: _____ *Social Security Number: _____

Social Security numbers will be used for the purpose of background checks, and payroll information if hired.

Driver's License or State ID: State: _____ Number: _____

Class: _____ CDL: Yes ___ No ___ Expiration Date: _____

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Thank you for your interest in working at the City of New Smyrna Beach.

You must complete the following page if you are claiming Veterans Preference.

VETERAN'S PREFERENCE

This form *must* be completed if you wish to apply with Veteran's Preference

I am Claiming Veterans' Preference (Attach DD214 form)

I _____ am claiming Veterans' Preference and certify that I am eligible to do so.
(Print Name)

Branch of Service

Type of Discharge

Date of Entry

Date of Discharge

Signature

VETERAN'S PREFERENCE CRITERIA: Under Florida law, preference in appointment and employment shall be given, by the State and its political divisions, to those persons with compensable service related disability eligible to or is receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense. Preference in employment, reemployment, promotion, and retention shall be given to an eligible veteran pursuant to ss. 295.07, 295.08, 295.085, and 295.09 as long as the veteran meets the minimum eligibility requirements and has the knowledge, skills, and abilities required for the particular position. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731-1437. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed within three months of the date of application.

Are you claiming Veteran's Preference as a: *(Please check one)*

- 1) Disabled veteran;
- 2) Spouse of totally disabled veteran or who is MIA; allowed for eligibility under this paragraph)
- 3) Veteran of any war, who has served at least one day during the following war time or who has been awarded a campaign or expeditionary medal, (Active duty for training shall not be allowed for eligibility under this paragraph).
- 4) The unremarried widow or widower of a veteran who died of a service-connected disability.
- 5) The mother, father, legal guardian, or unmarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.
- 6) A Veteran as defined in section 1.01m [14] Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
- 7) A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

Wartime periods are defined as follows:

- 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 to TBD
- Operation Iraqi Freedom: March 19, 2003 to TBD
- Operation New Dawn: September 1, 2010 to TBD

Applicants claiming preference is responsible for providing the required documentation (DD214) at the time of making an application for a vacant position.

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE



Authority For Release of Information
(Background Investigation Waiver)



To: Concerned Person or Authorized
Representation of Any Organization,
Institution or Repository of Records

APPLICANTS NAME:
DATE OF BIRTH
SOCIAL SECURITY #:

EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information of photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes.

Applicant's Signature

Date

Applicant's Printed Name

AFFIDAVIT

STATE OF

COUNTY OF

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

Sworn and subscribed in my presence this day of, 20. My Commission expired on, 20.

Personally known -or- Produced Identification

Type of Identification Produced:

Notary Public