



TOWN OF CUTLER BAY

10720 Caribbean Blvd., Suite 105,
Cutler Bay, Florida 33189

EMPLOYMENT APPLICATION

An Equal Opportunity Employer and a Drug/Tobacco Free Workplace

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital, or veteran status (except if eligible for veterans' preference).

INSTRUCTIONS: Please print in ink or type. Applications for positions with the Town of Cutler Bay will be accepted only when a vacancy exists for that position. This application will remain active for 90 days. This application has been developed to give you the opportunity to list qualifications, work experience and abilities. 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. All questions must be answered. For those questions which do not apply, simply insert N/A. Incomplete applications will not be considered. If applying for more than one position, please submit a separate application for each position.

POSITION APPLIED FOR: _____

If referred by a current TOWN employee, indicate his/her name here: **REFERRED BY:** _____

CURRENT PERSONAL DATA

NAME: _____

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____

CITY STATE ZIP CODE

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

PAGER/CELLULAR/OTHER: _____

EMPLOYMENT AVAILABILITY

EMPLOYMENT WITH THE TOWN OF CUTLER BAY MAY REQUIRE WORKING WEEKENDS, SHIFTS AND HOLIDAYS. ARE YOU ABLE TO WORK: (Check all that apply)

FULL-TIME PART-TIME SHIFTS EVENINGS WEEKENDS HOLIDAYS TEMPORARY

EARLIEST YOU WOULD BE ABLE TO START _____ SALARY DESIRED _____

ARE YOU OVER 18 YEARS OF AGE? YES NO

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY? YES NO

EDUCATION

SCHOOL	GRADE/HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE
CIRCLE HIGHEST GRADE COMPLETED	5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4
	SCHOOL NAME/ADDRESS	ATTENDANCE DATES	DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
OTHER/GED			

EMPLOYMENT HISTORY (THIS SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME)

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT FOR THE LAST TEN YEARS AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

➤ **MAY THE TOWN OF CUTLER BAY CONTACT YOUR PRESENT EMPLOYER?** YES NO

PRESENT/MOST RECENT EMPLOYER NAME : _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

NAME OF EMPLOYER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

NAME OF EMPLOYER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed) : _____

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATION? YES NO

IF YES, PROVIDE DETAILS BELOW, INCLUDING FINES, ARRESTS, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE/CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

HAVE YOU EVER BEEN REFUSED A SURETY BOND? YES NO WHEN? _____

HAVE YOU EVER BEEN NAMED IN A CHARGE OF DISCRIMINATION OR A LAW SUIT? 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) YES NO

NOTE: A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING ARRESTS AND CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON ARRESTS AND CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL, OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

DRIVER LICENSE NUMBER: _____ STATE: _____

DRIVER LICENSE TYPE: OPERATOR CDL: A ___ B ___ C ___ D ___

CDL ENDORSEMENTS _____

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, EXPLAIN: _____

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE TOWN? YES NO

IF YES, GIVE NAME AND RELATIONSHIP: _____

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF CUTLER BAY? YES NO

IF YES, COMPLETE THE FOLLOWING:

DATES PREVIOUSLY EMPLOYED FROM/TO):	
POSITION:	
REASON FOR LEAVING:	

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: _____

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE THAT MAY BE HELPFUL IN DOING THIS JOB: _____

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER: _____

REFERENCES

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE U.S. MILITARY? YES NO

IF YES, BRANCH: _____

DATES OF ACTIVE DUTY (FROM/TO): _____

RANK: _____ OCCUPATIONAL SPECIALTY: _____

TYPE OF DISCHARGE: _____

VETERANS' PREFERENCE

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07? YES NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE TOWN OF CUTLER BAY AND ATTACH COPIES OF SUPPORTING DOCUMENTATION (DD214). THIS FORM MUST BE SUBMITTED WITH THE APPLICATION.

CERTIFICATION

THIS MUST BE SIGNED. PLEASE READ CAREFULLY.

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE STATEMENTS AND ANSWERS ON THIS APPLICATION AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY AUTHORIZE THE TOWN OF CUTLER BAY 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 TOWN OF CUTLER BAY.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE TOWN OF CUTLER BAY ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY A TOWN APPOINTED PHYSICIAN/FACILITY AND PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN ALCOHOL/DRUG SCREEN FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE TOWN OF CUTLER BAY FOR THIS PURPOSE.

I ALSO UNDERSTAND THAT IN ACCORDANCE WITH FLORIDA STATUTES, EMPLOYMENT WITH THE TOWN OF CUTLER BAY IS "AT-WILL" AND AS SUCH, MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT NOTICE BY EITHER PARTY AT ANY TIME.

I UNDERSTAND THAT THE TOWN OF CUTLER BAY WILL NOT TOLERATE UNLAWFUL DISCRIMINATION OR UNLAWFUL HARASSMENT AND THAT EMPLOYEES HAVE AN AFFIRMATIVE DUTY TO REPORT SUCH INCIDENTS AND THAT SUCH CONDUCT IS GROUNDS FOR TERMINATION OF EMPLOYMENT.

I AM AWARE AND AGREE IN ADVANCE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE TOWN OF CUTLER BAY REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE TOWN OF CUTLER BAY.

SIGNATURE

DATE

HAVE YOU READ ALL INSTRUCTIONS ON THE APPLICATION AND ANSWERED ALL QUESTIONS? If so, Please Initial Here: _____



NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USAGE

In compliance with Florida Statutes §119.071(5), the Town of Cutler Bay Human Resources Office collects and uses your Social Security number only for the following purposes in performance of the Town's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing an Employment Application/Packet;
- Completing and processing Federal I-9 (Employment Eligibility Verification Form);
- Completing and processing Federal W4, W2 and 1099 (tax forms);
- Completing and processing Federal Social Security taxes;
- Completing and processing Quarterly Unemployment Reports;
- Completing and processing Federal and State Employee and Educational Reports;
- Completing and processing Direct Deposit transactions;
- Completing and processing group health, life and dental coverage enrollment;
- Completing and processing Supplemental Insurance Deduction Reports;
- Completing and processing Workers' Compensation Claims;
- Completing the employee's background screening and validating the employee's educational credentials;
- Completing and processing Retirement Contribution Reports;
- Processing retirement benefits;
- Processing employee benefits;
- Any other reason that is determined imperative for the performance of the City's duties and responsibilities, as prescribed by law; and/or
- Any other reason specifically authorized by law to do so.

NOTIFICATION

Providing a Social Security number is a condition of employment at the Town of Cutler Bay.

The Town may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Town may not deny a commercial entity engaged in the performance of a commercial activity access to Social Security numbers, provided the Social Security numbers will be used only in the performance of a commercial activity, and provided the commercial entity makes a written request for the Social Security numbers.

I understand the above information and have been given a copy of this document.

Applicant Name (Print)

Applicant Signature

Date



NOTICE UNDER FAIR CREDIT REPORTING ACT

Consent to Obtain Consumer Credit Report For Employment Purposes

As an applicant or employee of the Town of Cutler Bay, at some point the Town of Cutler Bay may procure (or cause to be procured) your consumer report for employment purposes. This consumer credit report cannot be obtained without your consent, which your signature below will indicate.

“I, _____, hereby authorize the Town of Cutler Bay to procure, or cause to be procured, my consumer report for employment purposes.”

Applicant/Employee Signature

Date

Print Name



CLAIM FOR VETERAN'S PREFERENCE

Attach copy of your discharge papers (DD214) and submit with Application.

Name: _____ Date: _____

Position Applied For: _____

I claim Veteran's Preference based upon the following: (Check basis for your preference)

- _____ 1. As a veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- _____ 2. As the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- _____ 3. As a veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 days or more since January 31, 1955, if any part of such active duty was performed during a wartime era as defined by Florida Statute and Florida Administrative Code. Active training is not allowable.
- _____ 4. As the unremarried spouse of a veteran who was killed in action, or died of a services-connected disability.

Branch of Service

Date of Entry

Date of Discharge

Have you been employed through Veteran's Preference since October 1, 1987?

If yes, please provide the name and telephone of the employer:

Signature

Date

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with the Division of Veterans' Affairs within 21 days from the date of notice of hiring decision.



EQUAL OPPORTUNITY EMPLOYER DATA

THE TOWN OF CUTLER BAY IS AN EQUAL OPPORTUNITY EMPLOYER, AND IT COMPLIES WITH GOVERNMENT REGULATIONS WITH REGARD TO EQUAL EMPLOYMENT. TO ASSIST US IN OUR CONTINUING EFFORT TO DO SO, THIS DATA IS COMPILED ON AN ON-GOING BASIS. HOWEVER, YOUR COOPERATION IN COMPLETING THE FOLLOWING IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. THIS FORM IS REMOVED FROM THE APPLICATION UPON SUBMITTAL TO THE TOWN OF CUTLER BAY AND IS KEPT IN A SEPARATE FILE.

DATE OF APPLICATION: _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: _____

RACE:

WHITE (NON-HISPANIC)

BLACK

HISPANIC

ASIAN/PACIFIC ISLANDER

AMERICAN INDIAN/ALASKAN NATIVE

SEX:

MALE

FEMALE

VETERAN:

YES

NO

DISABLED:

YES

NO

REFERRAL SOURCE:

NEWSPAPER ADVERTISEMENT (Specify Source) _____

TOWN JOB ANNOUNCEMENT

TOWN EMPLOYEE (Please indicate name of referring employee on front page of application)

CORRESPONDENCE

WALK-IN

FLORIDA STATE JOB SERVICE

OTHER (Please Specify)



NO SMOKING AFFIDAVIT

Submit this Affidavit with Employment Application

Pursuant to Rule 2.6 of the Employee Manual, the Town of Cutler Bay, Florida does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

Do you now or have you ever smoked or used tobacco products? _____ Yes _____ No

AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application for employment, (in accordance with the Town of Cutler Bay, Policies and Procedures Manual). I further understand that I will be subject to termination of employment if I use tobacco products subsequent to becoming employed with the Town of Cutler Bay.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Dated and Signed this _____ day of _____, 20__.

Signature of Applicant