



**THE TOWN of MELBOURNE BEACH IS
AN EQUAL OPPORTUNITY & EQUAL
ACCESS/VETERAN'S
PREFERENCE EMPLOYER
DRUGFREE WORKPLACE**

TOWN OF MELBOURNE BEACH

507 Ocean Avenue
Melbourne Beach, FL 32951
321 724-5860 FAX 321 984-8994
e-mail townhall@melbournebeachfl.org

EMPLOYMENT APPLICATION

This application must be completed in its entirety, and **evidence of your meeting the minimum qualifications for the position clearly stated on the application in order for you to be considered for employment by the Town.** Information contained in a resume or other attachments will not be accepted in lieu of your completing this application. Failure to complete the application in its entirety or to sign the application may result in your application not being given further consideration. Additionally, a screening committee may elect not to utilize supplemental materials submitted, but to consider applicants based solely on information contained in the application. Please type or print in ink.

All applicants will receive full consideration without unlawful discrimination on any basis including but not limited to: age, color, sex/sexual orientation, religion, national origin, race, political affiliation, marital status, or physical or mental disability.

NAME: _____ DATE: _____
Last First MI

ADDRESS: _____
Street Apt. #

CITY _____ STATE _____ ZIP _____

EMAIL: _____

HOME TELEPHONE NUMBER _____ WORK NUMBER _____

Applications are kept on file for a period of one year.

POSITION OF INTEREST: _____ Full-time Part-time

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CITIZENSHIP: The Immigration and Control Act of 1986 makes it illegal for employers to knowingly hire any unauthorized or illegal alien. Therefore, employers, must verify the employment eligibility of all applicants hired. Applications selected for hire must show an employer documentation to establish United States citizenship or that they are a legal permanent resident alien or an alien authorized to be employed in the United States. This documentation is required on the date of hire.

ARE YOU ONE OF THE FOLLOWING? U.S. Citizen Lawful Permanent Resident Refugee Temporary Resident

If not, what is the basis of your employment authorization? _____

EDUCATION

NAME & ADDRESS OF HIGH SCHOOL: _____

RECEIVED: Diploma Certificate of Completion
 GED Other _____
 None, highest grade completed _____

YOUR NAME WHILE ATTENDING HIGH SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)

YOUR NAME WHILE ATTENDING COLLEGE/BUSINESS SCHOOL: _____

FACILITY NAME	CITY, STATE	Dates (Mo/Yr)		Credit Hours Earned		Major/Minor Course of Study	Did you Graduate?	Type of Certificate/Diploma Received
		From	To	Quarter	Semester			

BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL, MILITARY, OR VOCATIONAL SCHOOL

FACILITY NAME	CITY, STATE	Dates (Mo/Yr)		Hours Earned		Major/Minor Course of Study	Did you Graduate?	Type of Certificate/Diploma Received
		From	To	Credit	Clock			

YOUR NAME WHILE ATTENDING SCHOOL: _____

LICENSE, REGISTRATION, CERTIFICATION: Indicate professional or occupational licensure, registration, or certification you currently hold. **If licensure or certification is required for a position, a copy must accompany this application.**

License, Registration, or Certification	License, Registration, or Certification Number	Date Received	Expiration Date

SKILLS: List other skills you possess and believe to be relevant to the position you seek. (Approved agency test scores may be required.)

EMPLOYMENT HISTORY

1. Name of Present or Last Employer: _____
 Address: _____
 Your Job Title: _____

FROM: _____/_____/_____
 Month Day Year
 HOURS PER WEEK: _____
 TO: _____/_____/_____
 Month Day Year
 ANNUAL SALARY OR HOURLY RATE _____/_____
 Starting Ending
 Supervisor's Name: _____ Title: _____ Phone: (____) _____

May we contact your employer? Yes No

Your name while employed in this job if different from the application: _____

Duties and Responsibilities: _____

Reason(s) for leaving: _____

2. Name of Next Previous Employer: _____
 Address: _____
 Your Job Title: _____

FROM: _____/_____/_____
 Month Day Year
 HOURS PER WEEK: _____
 TO: _____/_____/_____
 Month Day Year
 ANNUAL SALARY OR HOURLY RATE _____/_____
 Starting Ending
 Supervisor's Name: _____ Title: _____ Phone: (____) _____

Your name while employed in this job if different from the application: _____

Duties and Responsibilities: _____

Reason(s) for leaving: _____

REFERENCES: MUST BE COMPLETE AT THE TIME OF APPLICATION. At least three references must be listed (**not relatives**) who are familiar with your job qualifications. At least two should be recent supervisors. References will be verified.

	NAME	COMPLETE MAILING ADDRESS	PHONE	POSITION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

3 Name of Next Previous Employer: _____
Address: _____
Your Job Title: _____

FROM: ____/____/____ HOURS PER WEEK: _____
Month Day Year
TO: ____/____/____ ANNUAL SALARY OR HOURLY RATE ____/____
Month Day Year Starting Ending
Supervisor's Name: _____ Title: _____ Phone: (____) _____

Your name while employed in this job if different from the application: _____

Duties and Responsibilities: _____

Reason(s) for leaving: _____

4 Name of Next Previous Employer: _____
Address: _____
Your Job Title: _____

FROM: ____/____/____ HOURS PER WEEK: _____
Month Day Year
TO: ____/____/____ ANNUAL SALARY OR HOURLY RATE ____/____
Month Day Year Starting Ending
Supervisor's Name: _____ Title: _____ Phone: (____) _____

Your name while employed in this job if different from the application: _____

Duties and Responsibilities: _____

Reason(s) for leaving: _____

5 Name of Next Previous Employer: _____
Address: _____
Your Job Title: _____

FROM: ____/____/____ HOURS PER WEEK: _____
Month Day Year
TO: ____/____/____ ANNUAL SALARY OR HOURLY RATE ____/____
Month Day Year Starting Ending
Supervisor's Name: _____ Title: _____ Phone: (____) _____

Your name while employed in this job if different from the application: _____

Duties and Responsibilities: _____

Reason(s) for leaving: _____

6 Name of Next Previous Employer: _____

Address: _____

Your Job Title: _____

FROM: ____/____/____ HOURS PER WEEK: _____
Month Day Year

TO: ____/____/____ ANNUAL SALARY OR HOURLY RATE ____/____
Month Day Year Starting Ending

Supervisor's Name: _____ Title: _____ Phone: (____) _____

Your name while employed in this job if different from the application: _____

Duties and Responsibilities: _____

Reason(s) for leaving: _____

7 Name of Next Previous Employer: _____

Address: _____

Your Job Title: _____

FROM: ____/____/____ HOURS PER WEEK: _____
Month Day Year

TO: ____/____/____ ANNUAL SALARY OR HOURLY RATE ____/____
Month Day Year Starting Ending

Supervisor's Name: _____ Title: _____ Phone: (____) _____

Your name while employed in this job if different from the application: _____

Duties and Responsibilities: _____

Reason(s) for leaving: _____

8 Name of Next Previous Employer: _____

Address: _____

Your Job Title: _____

FROM: ____/____/____ HOURS PER WEEK: _____
Month Day Year

TO: ____/____/____ ANNUAL SALARY OR HOURLY RATE ____/____
Month Day Year Starting Ending

Supervisor's Name: _____ Title: _____ Phone: (____) _____

Your name while employed in this job if different from the application: _____

Duties and Responsibilities: _____

Reason(s) for leaving: _____

OTHER INFORMATION: (Please circle your response.)

- | | | |
|--|-----|----|
| 1. DO YOU POSSESS A VALID DRIVER'S LICENSE? If yes, give State _____ Driver's License # _____ | YES | NO |
| 2. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?
If yes, please explain: _____ | YES | NO |
| 3. TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING FOR THE TOWN?
If yes, name(s) of relative(s): _____ | YES | NO |
| 4. IF YOU ARE RECOMMENDED, WHAT IS THE EARLIEST DATE YOU WILL BE AVAILABLE? _____ | | |
| 5. HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF MELBOURNE BEACH?
If yes, what department and when: _____ | YES | NO |
| 6. a) Have you ever been convicted of a felony or misdemeanor? | YES | NO |
| b) Have you ever pled nolo contendere and/or pled guilty to a crime that is a felony or misdemeanor? | YES | NO |
| c) Have you ever had adjudication of guilt withheld to a crime that is a felony or misdemeanor? | YES | NO |
| d) Have you ever been or are you currently on probation? | YES | NO |

If you have answered "yes" to any questions 6 a) through d) please provide: state(s), date(s), and explanation.

NOTE: A "yes" answer to any portion of question 6 will not automatically preclude you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered. The Town routinely checks backgrounds to verify the information provided. Misleading, incomplete, or false information may disqualify you from employment.

CERTIFICATIONS

DRUG POLICY: I understand that any Town employee who is convicted for a drug-related offense, while in attendance at any Town-sponsored event, or while conducting Town business, will be sanctioned up to & including suspension or termination from Town employment.

I certify that:

I will not possess, sell, purchase, deliver, use, manufacture, or distribute illegal drugs or controlled substances while present on any Melbourne Beach Town property, while in attendance at any Town-sponsored event, or while conducting Town business. I will notify the Town within five (5) days of any conviction for any offense relating to the possession, sale, use, purchase, delivery, manufacture, or distribution of illegal drugs or controlled substances.

EMPLOYMENT: I understand that as a condition of employment I must be able to perform my job and that the Town will provide reasonable accommodation to enable me to fulfill my responsibilities. **I will submit documentation to verify my identity and/or right to work at the time of hire.** Acceptable forms of documentation include (but are not limited to): social security card, birth certificate, driver's license or comparable picture ID for proof of citizenship, and/or documents that establish alien identity & employment eligibility. I further understand that my position with the Town is temporary during the probationary period established. My employment may be ended before the expiration of that period for any reason without recourse. I understand that I must take & pass a drug and/or alcohol screening exam that will be given. Any illegal substances, controlled or otherwise, which are confirmed by the exam may cause my immediate disqualification for employment with the Town.

Statement of Applicant: I authorize my former employers to furnish their records of my service. This includes all information they may have concerning me. I also release them from any liability for any damage in providing this information.

In consideration of my employment, I agree to conform to the Rules, Policies, & Procedures of the Town. **I understand that my employment & compensation may be terminated with or without cause and with or without notice.** If employed by the Town of Melbourne Beach, I will report any outside employment to my Supervisor and the Town Manager's office in writing.

I am aware that any **omissions, falsifications, misstatements, or misrepresentations** may disqualify me for employment consideration &, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability & fitness for Town employment by employers, schools, law enforcement agencies, & other individuals & organizations to investigators, personnel staff, & other authorized employees of the Town or state government for employment purposes. I understand that applications submitted for Town employment are public record. I certify that to the best of my knowledge & belief, all of the statements contained herein & on any attachments are **true, correct, complete, & made in good faith.**

Signature: _____ **Date:** _____

APPLICANTS DO NOT WRITE BELOW:

Recommending Official and approval:

Print Name: _____ Signature: _____ Date: _____

Approved:

Print Name: _____ Signature: _____ Date: _____