

# CITY OF INDIAN ROCKS BEACH



## APPLICATION FOR EMPLOYMENT



**EMPLOYMENT DESIRED**

Position you are applying for \_\_\_\_\_  
 Salary desired: \$ \_\_\_\_\_ Date available to start \_\_\_\_\_  
 How did you hear about position \_\_\_\_\_  
 Can you perform essential functions of the position for which you are applying, with or without reasonable accommodation? Yes \_\_\_ No \_\_\_

Type of employment applying for: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

For **part-time** employment, list days & hours available:

Temporary Dates Available	
From _____	To _____

Mon \_\_\_\_\_ to \_\_\_\_\_    Tue \_\_\_\_\_ to \_\_\_\_\_    Wed \_\_\_\_\_ to \_\_\_\_\_    Thur \_\_\_\_\_ to \_\_\_\_\_    Fri \_\_\_\_\_ to \_\_\_\_\_    Sat \_\_\_\_\_ to \_\_\_\_\_

**EDUCATIONAL**

High School: Did you graduate from high school? Yes \_\_\_ No \_\_\_  
 If no, do you possess a G.E.D.? Yes \_\_\_ No \_\_\_

**Last High School Attended:**

Name	Location

**College or University:**

Name	Location	Dates Attended	Degree Awarded	Major

**Vocational, Trade, Training:**

Type of Training	Conducted By	Date Completed

**Additional Education Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional Memberships:**

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT (Attach additional sheets if necessary)

**Current/Last Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor Name \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor Name \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor Name \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor Name \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you left any gaps of time which are not accounted for? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

If yes, may we contact your employer? Yes \_\_\_ No \_\_\_

If no, state reason: \_\_\_\_\_

If you are applying for a position which involves driving of any type, check the types of vehicles you are qualified through experience or otherwise, to operate:

Passenger Car \_\_\_ Light Truck \_\_\_ Heavy Truck or Tractor \_\_\_ Other \_\_\_\_\_

Do you own an automobile? Yes \_\_\_ No \_\_\_

Do you have auto insurance? Yes \_\_\_ No \_\_\_

Has it ever been canceled or renewal refused? Yes \_\_\_ No \_\_\_

Have you been involved in an at fault accident in the past three years? Yes \_\_\_ No \_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_ No \_\_\_

Do you have any Safety Awards for "no accident" driving? Yes \_\_\_ No \_\_\_

*A Motor Vehicle Background check will be conducted on all employees of the City who operate a City vehicle at any time or who use their own vehicle for conducting City business and/or where they receive mileage or use reimbursement from the City.*

**References:**

List **three** references, not relatives, who are available for contact

Name	Address	Phone Number

SHOULD YOU WISH TO APPLY FOR VETERAN'S PREFERENCE,  
PLEASE REQUEST AN ADDENDUM TO THIS APPLICATION.

## APPLICANT'S STATEMENT

### PLEASE READ CAREFULLY

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the City of Indian Rocks Beach or its agents to conduct a thorough investigation into my current or prior employment and any other area of my background including criminal background (regardless of adjudication) which the City believes relevant to my employment. I do further fully consent to the release and disclosure to the City or its agent from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability the City or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations or government agencies disclosing such information.

I acknowledge that any false information provided by me to the City or by others at my direction, either on this application or otherwise, shall constitute grounds for immediate discharge, regardless of when the false information is discovered by the City. Additionally, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which is deemed by the City to be unsatisfactory shall constitute grounds for immediate discharge, also regardless of when discovered.

Finally, I understand that the City may require a medical or other examination at the time an employment offer is extended and may condition an offer of employment on the successful completion of that examination. Employees and applicants are also subject to drug and alcohol testing at the discretion of the City. Polygraph examinations may also be required by the City where permissible by law.

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Signature of Applicant

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Printed Name

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Date