

# CITY OF BELLE ISLE 1600 NELA AVENUE BELLE ISLE, FL 32809

## **EMPLOYMENT APPLICATION**

The City of Belle Isle is an Equal Opportunity Employer, and as such, we consider individuals for employment according to their abilities and performance. Employment decisions are made without regard to age, disability, race, color, national origin, religion, sex, sexual orientation, veteran status, military status, association with members of a protected class, martial status, injured worker status, nonsupervisory family relationships, union participation, or any other protected class or work relationship.

**PLEASE TYPE OR PRINT**. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

#### Position Applied For: \_

		Ар	plicant Information				
Name:				Home Phone: (	)		
	(Last)	(First)	(Middle Name)	(Area Co	, ode) (Ni	ımber)	
Address:				Cell Phone: (	)		
	(Street Number and Name)		(Apartment/Unit #)	(Area Co	ode) (Nu	ımber)	
	(0)()		(ZIP)	-			
E-mail Addr	(City)	(State)	(217)				
YES NO YES NO							
Are you a c	itizen of the United States?		If no, are you authorized to w	vork in the U.S.?			
	Answer the foll	owing guestion	s by checking "YES" or "NO"		YES	NO	
1. Are you	8 years of age or older?	<u> </u>					
<ol> <li>Have you ever been discharged from any job for any reason including but not limited to misconduct or unsatisfactory service? If yes, explain below.</li> </ol>							
<ol> <li>Have you ever resigned to avoid discharge for any reason including but not limited to misconduct or unsatisfactory service? If yes, explain below.</li> </ol>							
4. Have you ever worked under a different name? If yes, explain below.							
5. Have you ever been employed by the City of Belle Isle? If yes, indicate date(s) of employment, position(s), and reason for leaving below.							
6. Are any members of your family or relatives (by blood or marriage) employed by the City of Belle Isle? If yes, indicate their name(s), position, and relationship below.							
7. Have you ever had an offense against the law (misdemeanor/felony) where you were found guilty, where charges are pending adjudication, where you pled guilty or nolo contendere, where adjudication was withheld, or where you were placed on probation or a supervised program? You do not have to consider charges that were dropped or of which you were found innocent. If yes, state Court, Case No., and Year below. <i>A "YES" answer to this question will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.</i>							
8. Have you received a ticket or been charged with any traffic violation(s) during the past seven (7) years? If yes, explain below.							
Item No. Space for detailed answers. Indicate item number to which answers apply.							

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	Education and Train	ing				
Did you complete high school?	GED					
Name and Address of School	Course of Study	Years Completed	Did you Graduate?	Type of Diploma/ Certificate/Degree		
High School			YES NO			
City/State						
School/College			YES NO			
School/College			YES NO			
School/College			YES NO			
School/College			YES NO			
Branch:	Military Service From:		To:(Mo/	Yr)		
Rank at Discharge: If other than honorable, explain:	Туре	of Discharge:	(			
Professional Licenses/Certification(s)						
YES NO Do you possess a valid driver's license?		noution(5)				
List special licenses or certificates held, showing licensing a	uthority, license number, and	expiration date.				
Specific Describe any word processing or computer skills and list all	c Skills (Related to Positio	on Applied For):				
Describe any specific skills or specialized training (i.e. vehic	Describe any specific skills or specialized training (i.e. vehicle/equipment operation):					

Personal References						
Please list three (3)	references (not relatives or former/p	resent employers).				
Name	Address	City/State	Occupation	Phone		
Name	Address	City/State	Occupation	Phone		
Name	Address	City/State	Occupation	Phone		

City of Belle Isle \* 1600 Nela Avenue \* Orlando, FL 32809 \* Phone (407) 851-7730 \* Fax (407) 240-2222

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	ent or most recent employer		ment			
	ni or most recent employer	iii st.				
Employer:			From:	(Mo)	(Year)	
				(100)	(Teal)	Current
Address:			To:			Employ
	(Street Number and Nan	ne)		(Mo)	(Year)	
		(State) (ZIP)	_	🗌 Full-Time	Part-Time	
	(City)	(State) (ZIP)				
Job Title:					\$ per	
Supervisor's	Name:	Phone: ()_		Ending Salary:	\$ per	
May we cont	act employer?	s 🗌 No (if no, please explain below unde	er Reason for L	eaving)		
Job Duties:						
Reason for L	eaving:					
	.eaving.					
Employer:			From:			
				(Mo)	(Year)	
Address:			To:			
	(Street Number and Nan	ne)		(Mo)	(Year)	
				🗌 Full-Time	Part-Time	
	(City)	(State) (ZIP)				
Job Title:				Starting Salary:	\$ per	
Supervisor's	Name:	Phone: ()_		Ending Salary:	\$ per	
		s 🔲 No (if no, please explain below unde				
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Reason for L	.eaving:					
			From:			
			From:	(Mo)	(Year)	
Employer:				(Mo)	(Year)	
Employer:			From: To:	(Mo) (Mo)	(Year) (Year)	
Employer:					· · ·	
Employer:				(Mo)	(Year)	
Employer: Address:	(Street Number and Nan	ne)		(Mo)	(Year)	
Employer: Address: Job Title:	(Street Number and Nan	ne) (State) (ZIP)		(Mo) Full-Time Starting Salary:	(Year)	
<b>Employer:</b> Address: Job Title: Supervisor's	(Street Number and Nan (City) Name:	ne) (State) (ZIP)	To:	(Mo) ☐ Full-Time Starting Salary: Ending Salary:	(Year) Part-Time  \$ per	
Employer: Address: Job Title: Supervisor's May we cont	(Street Number and Nan (City) Name: ract employer?  Yes	ne) (State) (ZIP) Phone: ()_ s	To:	(Mo) ☐ Full-Time Starting Salary: Ending Salary: eaving)	(Year) Part-Time \$ per \$ per	
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Employer: Address: Job Title: Supervisor's May we cont	(Street Number and Nan (City) Name: ract employer?  Yes	ne) (State) (ZIP) Phone: ()_ s	To:	(Mo) ☐ Full-Time Starting Salary: Ending Salary: eaving)	(Year) Part-Time \$ per \$ per	

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Employer:					From:			
					-	(Mo)	(Year)	
Address:					To:			
-	(Street Number and Name)				-	(Mo)	(Year)	
_						🗌 Full-Time	Part-Time	
	(City)	(State)	(ZIP)					
Job Title:						Starting Salary:	\$ per	·
Supervisor's N	Name:	Phone	e: (	)		Ending Salary:	\$ per	
May we conta	ct employer? 🗌 Yes 🗌	] No (if no, please exp	lain unde	r Reason	for Leaving	1		
Job Duties:								
Reason for Le	eaving:							
Employer:					From:			
					-	(Mo)	(Year)	
Address:					To:			
-	(Street Number and Name)				-	(Mo)	(Year)	
-						🗌 Full-Time	Part-Time	
	(City)	(State)	(ZIP)					
Job Title:						Starting Salary:	\$ per	
Supervisor's N	Name:	Phone	e: <b>(</b>	)		Ending Salary:	\$ per	
May we conta	ct employer?	] No (if no, please exp	lain belo	v under R	eason for Le	eaving)		
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						· · · · · · · · · · · · · · · · · · ·		
Reason for Le	eaving:							

# **Disclaimer and Signature**

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION
I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully
complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after
employment if discovered at a later date. I authorize the City of Belle Isle to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection
with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening
for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of
employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of the City
serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited
by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.
Tunderstand that it employed on a temporary basis, I would be paid for hours worked only, and would be mengible for benefits including paid time on.
Signature: Date: