



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, marital status, injured worker status, non-supervisory 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: _____

| Applicant Information | | |
|--|---|---|
| Name: | _____ <small>(Last) (First) (Middle Name)</small> | Home Phone: (____) _____ <small>(Area Code) (Number)</small> |
| Address: | _____ <small>(Street Number and Name) (Apartment/Unit #)</small> _____ <small>(City) (State) (ZIP)</small> | Cell Phone: (____) _____ <small>(Area Code) (Number)</small> |
| E-mail Address: | _____ | |
| Are you a citizen of the United States? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Answer the following questions by checking "YES" or "NO" | | |
| 1. Are you 18 years of age or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been discharged from any job for any reason including but not limited to misconduct or unsatisfactory service? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever resigned to avoid discharge for any reason including but not limited to misconduct or unsatisfactory service? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever worked under a different name? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. <small>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.</small> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you received a ticket or been charged with any traffic violation(s) during the past seven (7) years? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| Item No. | Space for detailed answers. Indicate item number to which answers apply. | |
| | | |
| | | |
| | | |
| | | |

Previous Employment

List your current or most recent employer first.

Employer: _____ **From:** _____
 _____ (Mo) _____ (Year)

Address: _____ **To:** _____ Current Employer
 _____ (Street Number and Name) _____ (Mo) _____ (Year)
 _____ (City) _____ (State) _____ (ZIP) Full-Time Part-Time

Job Title: _____ **Starting Salary:** \$ _____ per _____
Supervisor's Name: _____ **Phone:** (____) _____ **Ending Salary:** \$ _____ per _____

May we contact employer? Yes No (if no, please explain below under Reason for Leaving)

Job Duties: _____

Reason for Leaving: _____

Employer: _____ **From:** _____
 _____ (Mo) _____ (Year)

Address: _____ **To:** _____
 _____ (Street Number and Name) _____ (Mo) _____ (Year)
 _____ (City) _____ (State) _____ (ZIP) Full-Time Part-Time

Job Title: _____ **Starting Salary:** \$ _____ per _____
Supervisor's Name: _____ **Phone:** (____) _____ **Ending Salary:** \$ _____ per _____

May we contact employer? Yes No (if no, please explain below under Reason for Leaving)

Job Duties: _____

Reason for Leaving: _____

Employer: _____ **From:** _____
 _____ (Mo) _____ (Year)

Address: _____ **To:** _____
 _____ (Street Number and Name) _____ (Mo) _____ (Year)
 _____ (City) _____ (State) _____ (ZIP) Full-Time Part-Time

Job Title: _____ **Starting Salary:** \$ _____ per _____
Supervisor's Name: _____ **Phone:** (____) _____ **Ending Salary:** \$ _____ per _____

May we contact employer? Yes No (if no, please explain below under Reason for Leaving)

Job Duties: _____

Reason for Leaving: _____

| | |
|---|---|
| Employer: _____ | From: _____ |
| | (Mo) (Year) |
| Address: _____ | To: _____ |
| (Street Number and Name) | (Mo) (Year) |
| _____ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| (City) (State) (ZIP) | |
| Job Title: _____ | Starting Salary: \$ _____ per _____ |
| Supervisor's Name: _____ Phone: (____) _____ | Ending Salary: \$ _____ per _____ |
| May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, please explain under Reason for Leaving)</i> | |
| Job Duties: _____ | |
| _____ | |
| Reason for Leaving: _____ | |

| | |
|---|---|
| Employer: _____ | From: _____ |
| | (Mo) (Year) |
| Address: _____ | To: _____ |
| (Street Number and Name) | (Mo) (Year) |
| _____ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| (City) (State) (ZIP) | |
| Job Title: _____ | Starting Salary: \$ _____ per _____ |
| Supervisor's Name: _____ Phone: (____) _____ | Ending Salary: \$ _____ per _____ |
| May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, please explain below under Reason for Leaving)</i> | |
| Job Duties: _____ | |
| _____ | |
| Reason for Leaving: _____ | |

| Disclaimer and Signature | |
|---|-------------|
| <u>PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION</u> | |
| <p>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.</p> | |
| Signature: _____ | Date: _____ |