

EMPLOYMENT HISTORY

List for the past ten (10) years, starting with the most current.

Present Employer: _____ Date of Employment: From _____ to: _____
Address: _____ Title/Position Held: _____
Phone: (____) _____ Supervisor's Name: _____ Pay Rate: _____
Describe Duties: _____ May we contact? _____

Reason for Leaving: _____

Prior Employer: _____ Date of Employment: From _____ to: _____
Address: _____ Title/Position Held: _____
Phone: (____) _____ Supervisor's Name: _____ Pay Rate: _____
Describe Duties: _____ May we contact? _____

Reason for Leaving: _____

Prior Employer: _____ Date of Employment: From _____ to: _____
Address: _____ Title/Position Held: _____
Phone: (____) _____ Supervisor's Name: _____ Pay Rate: _____
Describe Duties: _____ May we contact? _____

Reason for Leaving: _____

Prior Employer: _____ Date of Employment: From _____ to: _____
Address: _____ Title/Position Held: _____
Phone: (____) _____ Supervisor's Name: _____ Pay Rate: _____
Describe Duties: _____ May we contact? _____

Reason for Leaving: _____

EDUCATION

- 1. Circle last year of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 18+
- 2. Highest degree obtained: _____
Name and address of school or GED authority: _____

- 3. Other formal training: _____

- 4. Professional licenses, certifications, and/or equipment you can operate: _____

REFERENCES

(No family or former employers)

- 1. Name: _____ Title/Business: _____
Phone: () _____ Address: _____

- 2. Name: _____ Title/Business: _____
Phone: () _____ Address: _____

- 3. Name: _____ Title/Business: _____
Phone: () _____ Address: _____

MILITARY SERVICE

- 1. Have you served in the U.S. Armed Services? () Yes () No Branch: _____
- 2. Military training related to position applied for: _____
- 3. WWII, Korean, Vietnam, or Persian Gulf War Vet? () Yes () No
- 4. Type of discharge: _____
- 5. Do you claim Veteran's Preference under Florida Statute 295.085 for Item 3 Service ? () Yes () No

JOB DESCRIPTION

Note: Answer the following questions only if you have read the job description of the position for which you are applying. A job description is available upon request.

- 1. Are you able to perform all the essential job functions as listed on the job description? () Yes () No
- 2. If no, list those that you are unable to perform: _____

- 3. Are there any accommodations that could be made which would allow you to perform the essential functions listed above? () Yes () No If yes, please indicate: _____

APPLICANT'S STATEMENT

Note: Applicant will not be hired until the applicant has completed and signed as required below.

I certify that the foregoing answers are true and correct to the best of my knowledge. **I hereby authorize** the investigation of all statements contained in this application, to interview the references and previous employers listed in this application, to conduct a record check on my background to include but not be limited to the following: criminal and driving check, employment and performance records and education records, and the release of all, and any, records or other information requested by the City of Atlantic Beach or its authorized representative.

I authorize the references, previous employers, any school or other educational institution, or public agency to give the City all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and **I hereby release** all such parties from any liability which may allegedly arise from furnishing such information to the City, including, but not limited to, any liability for defamation or invasion of privacy. **I understand** that any false or misleading information or omission of facts requested in this application or interview may remove me from further consideration for employment. In addition, if employed, any false or misleading statement or omission of fact called for in this application may be cause for subsequent dismissal at any time without any previous notice.

I understand that this application is completed for the position indicated on the front page and that it will be necessary to reapply for other positions when they become available.

I understand that no supervisor or other representative of the City other than the City Manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement.

I understand and voluntarily agree as a condition of employment, or continued employment, that I may be requested by the City to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

If employed by the City of Atlantic Beach, **I agree** to abide by its policies, rules and regulations.

I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, at any time, at my option or the option of the City of Atlantic Beach.

I certify that I have not utilized tobacco products for at least one year immediately preceding my employment and agree to abstain from the use of tobacco and tobacco products during my employment with the City of Atlantic Beach. **I understand** that any violation of this policy will subject me to disciplinary action including termination of my employment.

I further understand and agree that this at-will employment relationship will remain in effect throughout my employment with the City of Atlantic Beach, unless it is modified by a specific written employment contract for a special duration which is signed by the City Manager and me. This at-will employment relationship may not be modified by any oral or implied agreement.

I certify that I have read, understand, and agree with the above.

Applicant's Signature

Date