

# About your application...

Thank you for your interest in employment with the City of St. Pete Beach.

In order to provide high quality services to St. Pete Beach residents, the City strives to hire the person best qualified for each position.

Resumes and other documentation you wish to submit may be added, but resumes will not be accepted in lieu of a fully completed City application form. We expect that you will take the time to complete all areas of the application form and sign it. The information you provide will be verified. If there are omissions, falsifications or misrepresentations, your application will be withdrawn from consideration. Should you start employment prior to the completion of the entire verification process, any falsifications or misrepresentations on the application will result in termination of your employment.

Your application is a public record and can be viewed and/or copied upon request from any person.

Offers of employment are contingent upon the selected applicant passing any testing deemed necessary.

Persons being hired by the City of St. Pete Beach will be checked for the following:

- Drivers License check
- Local, state and national criminal history record check
- Verification of information on application

(Background investigation with previous employers and others who can attest to your work habits, qualifications and character.)

- Physical Examination and Drug Screen

If you have any questions, you may contact the Human Resources Office, Monday through Friday, from 8:00 a.m. to 4:30 p.m.



**CITY OF ST. PETE BEACH  
EMPLOYMENT APPLICATION**



THE CITY OF ST. PETE BEACH IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER WHICH MAKES EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, HANDICAP, MARITAL STATUS, SEXUAL ORIENTATION OR ANY OTHER PROTECTED CATEGORIES AS DEEMED BY LAW. THE CITY ALSO REASONABLY ACCOMMODATES INDIVIDUALS WITH DISABILITIES AND BONA FIDE RELIGIOUS BELIEFS. **THE CITY IS COMMITTED TO A DRUGFREE WORKPLACE.**

PLEASE ANSWER ALL QUESTIONS ON THIS APPLICATION. RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETION OF THIS APPLICATION. THIS APPLICATION WAS DESIGNED FOR USE WITH SEVERAL TYPES OF JOB POSITIONS. SOME QUESTIONS MAY NOT BE COMPLETELY APPLICABLE TO THE JOB POSITION YOU ARE SEEKING; HOWEVER, IT IS IMPORTANT TO ANSWER ALL QUESTIONS, FAILURE TO COMPLETE ALL AREAS OF THE REQUIRED INFORMATION MAY RESULT IN WITHDRAWAL FROM CONSIDERATION.

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERSONAL DATA:**

\_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail address (if applicable): \_\_\_\_\_

Are you at least 18 years of age?      Yes      No

If not, state your age (for child labor law purposes only): \_\_\_\_\_

Are there any days, shifts or hours you will not work?      Yes      No

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

When will you be able to start work? \_\_\_\_\_

**Police Applicants:** PASS File Status \_\_\_\_\_ Certified Officer \_\_\_\_\_

**Fire Applicants:** Fire Academy attended:

Date Started \_\_\_\_\_ Date Completed \_\_\_\_\_ Hrs. \_\_\_\_\_ Cert#. \_\_\_\_\_

Have you ever been convicted of a crime, committed a crime, been a defendant in a civil action involving a tort, or plead nolo contendere (no contest) regardless of adjudication?  Yes  No

If yes, explain and give dates: \_\_\_\_\_

(With the exception of Police positions, a conviction will not necessarily mean disqualification)

Can you, within three (3) days after employment, submit documentation verifying that you are legally eligible to work in the U.S.?  Yes  No

Have you taken any illegal drugs in the last 30 days?  Yes  No

Have you ever applied or worked here before?  Yes  No

If yes, provide dates: \_\_\_\_\_

List any relatives or friends currently employed here:

\_\_\_\_\_

Who should be contacted in the event of an emergency?

\_\_\_\_\_

Name	Address	Telephone No.
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**EDUCATION:** (May or may not be considered depending on job applied for)

Level	Print Name, Address and Zip	#Yrs.	Degree	Major
High School				
College				
Graduate				
Other				

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT HISTORY (continued)**

Company Name:	Telephone No.
Address:	Dates Employed: From: To:
Name of Supervisor:	Pay rates: Starting: Ending:
State Job Titles and Describe duties:	Reason for leaving:
Name under which you worked (if different)	May we contact? <input type="radio"/> Yes <input type="radio"/> No

Company Name:	Telephone No.
Address:	Dates Employed: From: To:
Name of Supervisor:	Pay rates: Starting: Ending:
State Job Titles and Describe duties:	Reason for leaving:
Name under which you worked (if different)	May we contact? <input type="radio"/> Yes <input type="radio"/> No

Please explain any gaps in your employment history \_\_\_\_\_

Have you ever been discharged or forced to resign?  Yes  No

If yes, explain \_\_\_\_\_

Did you receive any discipline in the last 12 months of active employment?  Yes  No

If yes, explain \_\_\_\_\_

Have you signed any agreement with any other employer that would restrict you from working with this City?  Yes  No

If so, please explain \_\_\_\_\_

**MILITARY** (Complete only if you served in the military)

Branch and rank at discharge? \_\_\_\_\_

Dates of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job applied for:

**VETERANS' PREFERENCE**

Veterans' preference will be given to eligible veterans and their spouses in accordance with Chapter 295 of the Florida Statutes. Are you claiming veterans' preference?  Yes  No

Documentation of proof must be attached to the application. Applicants qualifying for veterans' preference will have points awarded according to Florida Statutes.

**DRIVING RECORD:** (May or may not be considered depending on job applied for)

Do you have a valid Florida driver's license?  Yes  No

Commercial Drivers License?  Yes  No

Endorsements: \_\_\_\_\_

Have you had any tickets?  Yes  No

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

Has your license ever been suspended or revoked?  Yes  No

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

Do you have any DUI or DWI convictions  Yes  No

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

**REFERENCES:** Please list three Professional and three Personal references. Professional references are those individuals who can comment on your work performance and experience. Personal references are those individuals who can comment on your character.

	1. Professional	1. Personal
Name		
Address		
City, State, Zip		
Phone		

	2. Professional	2. Personal
Name		
Address		
City, State, Zip		
Phone		

	3. Professional	3. Personal
Name		
Address		
City, State, Zip		
Phone		

**Note: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you will be required to complete a post-job offer medical examination and drug screening.**

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**APPLICANT'S ACKNOWLEDGEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment with the City of St. Pete Beach is not for a specific term and may be terminated by me or the City with or without notice or cause at any time. I further understand that unless superseded by specific agreements or contracts, no oral promise, City policy, custom, business practice or other procedure (including the City's Personnel Manual or Handbooks) constitute an employment contract or modification of the at-will employment relationship between me and the City.

I understand that any employment offer is contingent upon successfully completing a post-offer of employment medical examination, which includes a drug test.

I acknowledge that this application will remain active for 90 days from this date. If I have not heard from the City at the conclusion of this 90-day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the City for other positions as they arise.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





City of St. Pete Beach  
155 Corey Avenue  
St. Pete Beach, FL 33706  
(727) 367-2735  
www.stpetebeach.org

To Whom It May Concern:

The person referenced below has recently submitted an application for employment to our City and has given your name and/or organization as reference and character witness. Would you be kind enough to furnish the information on the attached form and return it to us in the envelope provided? Thank you so much for your cooperation.



Applicant's Name:

Address:

I respectfully request and authorize you to furnish the City of St. Pete Beach any and all information that you may have concerning my employment record, including any disciplinary action or acts of violence; school record; character, reputation, if possible. This information is to be used to assist the City of St. Pete Beach in determining my qualifications and fitness for employment.

I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the information requested.

In 1991 (Rev. 1999) the Florida Legislature passed a new law, Florida Statutes Section 768.055 entitled "Employer Immunity Form Liability: Disclosure of Information Regarding Former and Current Employees." Under this law, an employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee is immune from civil liability for such disclosure or its consequences unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under Chapter 760.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date