



Town of Atlantic Beach Application for Employment

The Town of Atlantic Beach is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, religion, color, national origin, sex, age, political affiliation or disability except when physical condition is a bona fide occupation qualification.

Date: _____

Position Applied For: _____

Full Time Part Time

PERSONAL

Date of Birth: _____ / _____ / _____
mm / dd / yyyy

Name: _____ Social Security No: _____
(Print) Last First Middle

Present Address: _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Previous Address: _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Telephone No.: _____ Email: _____ Are you under 18 years of age? Yes No

Have you ever used another name? Yes No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain: _____

Have you ever worked for this Municipality before? Yes No

If Yes, please give dates and position: Start Date: _____ End Date: _____ Position: _____

Do you have any friends or relatives working here? Yes No

If Yes, please give name(s) and relationship: Name: _____ Relationship: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

If Yes, please give dates, details and penalties of each: _____

NOTE: ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. ONLY THOSE CRIMES WHICH ARE SUBSTANTIALLY RELATED TO THE POSITION YOU ARE SEEKING WILL BE CONSIDERED.

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business.

Present or Last Employer	Employed From (mm/yyyy)	Pay Start \$	Your Title or Position	Reason for Leaving
Address				
City, State, Zip Code	To (mm/yyyy)	Final	Name and Title of Supervisor	
Previous Employer	Employed From (mm/yyyy)	Pay Start \$	Your Title or Position	Reason for Leaving
Address				
City, State, Zip Code	To (mm/yyyy)	Final	Name and Title of Supervisor	
Previous Employer	Employed From (mm/yyyy)	Pay Start \$	Your Title or Position	Reason for Leaving
Address				
City, State, Zip Code	To (mm/yyyy)	Final	Name and Title of Supervisor	
Previous Employer	Employed From (mm/yyyy)	Pay Start \$	Your Title or Position	Reason for Leaving
Address				
City, State, Zip Code	To (mm/yyyy)	Final	Name and Title of Supervisor	

Have you ever been fired or asked to resign from any job? Yes No If Yes, please explain circumstances.

Would you prefer that we not contact current employer? Yes No If Yes, please explain.

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have which you feel is relevant to the position for which you are applying

EDUCATION

School Name	Years Completed (Circle)	Dipolma/Degree	Describe Course of Study or Major	Describe Specialized Training Experience, Skills and Extra Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name: _____ Relationship: _____

Home Address: _____ Telephone: _____
Street City State Zip

Work Address: _____ Telephone: _____
Street City State Zip

PERSONAL REFERENCES

Please list persons who know you well – not previous employers or relatives.

Name	Occupation	Address (Street, City, State, Zip Code)	Telephone	Number of Years

DRIVING INFORMATION

Do you have a current driver's license? ? Yes No

State: _____ License No.: _____ Expiration Date: _____

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

If Yes, please explain circumstances: _____

Do you have personal automobile insurance? ? Yes No Name of Insurance Company: _____

Has your personal automobile insurance ever been canceled? ? Yes No

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violation(s) in the last five (5) years

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

- The Town of Atlantic Beach is an **Equal Opportunity Employer** and as such will recruit and hire employees without regard to race, religion, color, national origin, sex, age, political affiliation or disability except when physical condition is a bona fide occupational qualification.
- This application must be filled out in detail. Failure to complete all sections, or to sign this form, may result in its being returned for completion, causing delay or possible disqualification.
- This application will remain active for six (6) months from the date submitted.
- I understand and agree that acceptance of this application in no way obligates the Town of Atlantic Beach to employ me or that there are any positions available.
- As an applicant for employment with the Town of Atlantic Beach, I have furnished information for use in determining my qualifications for employment. I hereby authorize the Town of Atlantic Beach to conduct a thorough background investigation to further support the statements contained herein.
- I hereby release the Town of Atlantic Beach, current and past employers and references name herein (or in accompanying resume), from liability or damage resulting from providing information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.
- I agree to submit to a urine drug screen if required for the position. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- I agree to have a physical examination (Town paid) as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.
- I understand and agree that if employed, I will be an employee "at will" and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the city shall have the same right.
- No supervisor or official is authorized to make an oral or written assurance or promise of continued employment.
- If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the Town.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. (A list of acceptable documents is available through the Personnel Department. However, the most commonly used ID is (1) a Passport or (2) a Social Security Card and Driver's License.)
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration or being terminated should I already be employed by the Town of Atlantic Beach.
- My signature conveys that I have read, understand and agree to all statements listed above.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS

Signature of Applicant

Date