APPLICATION INSTRUCTIONS

COMPLETING YOUR APPLICATION:

1. Look over the current openings book carefully to be sure you qualify for the position for which you are applying. Consider the minimum education and experience requirement. All applicants must be in a physical condition appropriate to requirements stated in the announcement.
2. Please type or print. Do not use a pencil.
3. **ANSWER ALL QUESTIONS FULLY**. Use additional sheets if necessary. **Incomplete Applications will not be processed**.
4. You may attach a resume. However, a resume may not take the place of the completed application. **Do not write "See Resume"**.
5. Applicants **must** furnish copies of licenses, diploma, degree, or certification for any position requiring qualifications.
6. Attach copies of any documents, certifications, commendations, etc., you feel will help in the evaluation of your application.
7. Carefully review your application for accuracy before you sign it. **Be aware that your signature means you are certifying that your application is true and correct to the best of your knowledge**.
8. At the time of hire, you will be required to provide proof of eligibility for employment as required by the Immigration and Naturalization Service.

SOCIAL SECURITY NUMBER DISCLOSURE:

The City of Hallandale Beach collects your social security number for the following purpose: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefits processing, and tax reporting. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

FILING YOUR APPLICATION:

Only the Personnel department is responsible for recruiting, accepting applications, scheduling testing, and notifying applicants of test results, status of application, and related information. All applications must be mailed or brought to the Personnel department in City Hall. If a closing date is advertised for any particular position, applications received after that date will not be considered for that particular opening. All questions regarding the status of your application should be addressed to the Personnel department, City of Hallandale Beach, 400 South Federal Highway, Hallandale Beach, FL 33009 (954) 457-1345.

NON TOBACCO USE AFFIDAVIT:

Applicant's applying for employment with the City of Hallandale Beach must sign and have notarized a non-tobacco use affidavit affirming that they have not been a user of tobacco products for at least one (1) year immediately preceding application for employment.

CONVICTIONS FOR LAW VIOLATIONS:

Having a conviction will not necessarily disqualify you for employment. The nature of the work or the location of the position for which you are applying determines your acceptability for employment. The nature of the charge for which you were convicted would also have a bearing. Therefore, please answer the question completely and accurately and make whatever additional comments you think might better assist us in evaluating you.

ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES:

Accommodations may be made upon request; please inquire at the Personnel Office. If accommodation is required to take a test, please be sure to make your request before the test date.

HIRING PROCEDURE:

1. Pre-employment testing may include, but is not limited to, drug screening, physicals, psychological tests, polygraphs, worker's compensation, motor vehicle and criminal checks, when applicable.
2. Full-time employees who are covered under Civil Service rules serve a 9-month probationary period.

TESTING:

Depending upon the nature of the work for which you are applying, the selection methods may range from an evaluation of your application with regard to your experience and training, an oral examination, a practical examination and/or a written examination.

BENEFITS:

1. Employees are paid by check every other Friday. Pay increases are granted on a merit basis within the pay range established for each classification.
2. Indefinite, full-time employees receive liberal benefits which may include:
    a) Generous vacation, holiday and sick leave package.
    b) Group Hospitalization/Major Medical and HMO participation paid for by the City of Hallandale Beach. Optional overage for dependents is available.
    c) Pension plan participation.
    d) City-paid life insurance, which includes coverage for accidental death and dismemberment.
    e) Additional benefits include a deferred compensation plan, disability plan; bereavement, jury duty, and certain military paid leave.

NEPOTISM:

A City of Hallandale Beach Ordinance prohibits hiring relatives of employed public officials or employees. Applications will not be processed when received from an employee's relative.

The City of Hallandale Beach has been and will continue to be an equal opportunity employer. No employee or applicant will be discriminated against because of race, religion, age, national origin, sex, disability or veteran's status.

NOTE: All Policies and Benefits are subject to change.

CITY OF HALLANDALE BEACH/PERSONNEL DEPARTMENT
400 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009
TELEPHONE: (954) 457-1345
www.hallandalebeachfl.gov

APPLICATION FOR EMPLOYMENT

1. Position(s) Applied For: 1) 2) 3)

2. Name: (Last) (First) (Middle) **3**. E-mail

4. Present Mailing Address: (Street) (Apt. No.) **5.** Home Phone ( )

(City) (State) (Zip Code) **7**. Other Phone ( )

6. Previous Address: (Street) (Apt. No.)

(City) (State) (Zip Code)

8. Have you used tobacco products within the last 12 months? Yes □ No □

9. Present or previous City of Hallandale Beach employee? Yes □ No □

If YES, give dates: FROM: TO:

10. Related to City of Hallandale Beach Employee? Yes □ No □ If YES, give name, relationship and Department/Division employed:_____

11. Driver License #:_____

Do you have a valid Florida Driver's License? Yes □ No □

Has your license ever been suspended or revoked? Yes □ No □

If YES, please provide dates and explain: _____

_____

COMMERCIAL
□ A
□ B
□ C
□ D

NON-COMMERCIAL
□ E-Operator

List Endorsements

_____

_____

12. Have you ever been convicted of a felony? Yes □ No □ If YES, state the Court, nature of offense, disposition of case and date:_____

NOTE: The type of offense and the nature of the position applied for are the only factors considered. Crime conviction check will be conducted.

13. Education:
Circle LAST YEAR COMPLETED:

Grade School 1 2 3 4 5 6 7 8
High School 9 10 11 12
College 1 2 3 4 5 6

School Name & Address	Did You Graduate?	Major/ Minor	Degree/ Diploma
High School	Yes □ No □		
Junior College	Yes □ No □		
College or University	Yes □ No □		
		Classroom Hours	Course(s)
Vocational/ Technical School	Yes □ No □		
Other training	Yes □ No □		

14. Employment Record

Begin with your PRESENT or most recent job and describe the specific duties and responsibilities. List all periods of employment including self-employment and internships. Military service MUST include rank, job title, and dates served. Specify the number of employees supervised. When applicable, please indicate various levels, specific dates of employment and duties of positions held under each employer.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION FOR EMPLOYMENT.

From: Mo. _____ Yr. _____ Employer: _____ Supervisor: _____ Phone: _____
To: Mo. _____ Yr. _____ Address: _____ City: _____ State: _____ Zip: _____
Hours Per Week: _____ Type of Business: _____ Phone: _____
Annual Salary: $ _____ Job Title: _____
Was this a supervisory position? Yes □ No □ If YES, give number and type of employees supervised: _____

Duties Performed: _____

Computer Programs, Equipment, Machines Used: _____

If no longer employed, reason for leaving? _____ Voluntary Yes □ No □

May we contact your present employer? Yes □ No □

From: Mo. _____ Yr. _____ Employer: _____ Supervisor: _____ Phone: _____
To: Mo. _____ Yr. _____ Address: _____ City: _____ State: _____ Zip: _____
Hours Per Week: _____ Type of Business: _____ Phone: _____
Annual Salary: $ _____ Job Title: _____
Was this a supervisory position? Yes □ No □ If YES, give number and type of employees supervised: _____

Duties Performed: _____

Computer Programs, Equipment, Machines Used: _____

If no longer employed, reason for leaving? _____ Voluntary Yes □ No □

From: Mo. _____ Yr. _____ Employer: _____ Supervisor: _____ Phone: _____
To: Mo. _____ Yr. _____ Address: _____ City: _____ State: _____ Zip: _____
Hours Per Week: _____ Type of Business: _____ Phone: _____
Annual Salary: $ _____ Job Title: _____
Was this a supervisory position? Yes □ No □ If YES, give number and type of employees supervised: _____

Duties Performed: _____

Computer Programs, Equipment, Machines Used: _____

If no longer employed, reason for leaving? _____ Voluntary Yes □ No □

From: Mo. _____ Yr. _____ Employer: _____ Supervisor: _____ Phone: _____
To: Mo. _____ Yr. _____ Address: _____ City: _____ State: _____ Zip: _____
Hours Per Week: _____ Type of Business:_____ Phone: _____
Annual Salary: $ _____ Job Title: _____
Was this a supervisory position? Yes □ No □ If YES, give number and type of employees supervised: _____

Duties Performed: _____

Computer Programs, Equipment, Machines Used: _____

If no longer employed, reason for leaving? _____ Voluntary Yes □ No □

From: Mo. _____ Yr. _____ Employer: _____ Supervisor: _____ Phone: _____
To: Mo. _____ Yr. _____ Address: _____ City: _____ State: _____ Zip: _____
Hours Per Week: _____ Type of Business:_____ Phone: _____
Annual Salary: $ _____ Job Title: _____
Was this a supervisory position? Yes □ No □ If YES, give number and type of employees supervised: _____

Duties Performed: _____

Computer Programs, Equipment, Machines Used: _____

If no longer employed, reason for leaving? _____ Voluntary Yes □ No □

15. A. List any special skills, knowledge or ability that you possess which may be relevant to the position applied for. For example, list vehicles or equipment operated – special courses, knowledge of computer hardware/software, typing, shorthand, machine operation or any other experience / skills. For office and clerical positions, specify related business, typing, secretarial courses.

B. List any professional or occupational licensure(s) registration(s) certification(s) membership(s) that you currently hold. Applicants are requested to submit a copy of documentation with application(s).

16. Use the following space for additional information or further details that you feel may more adequately describe your qualifications or special skills:_____

17. How did you learn about this employment opportunity?

Indicate name below:

- □ The Internet
- □ Friend/Relative
- □ Employee
- □ Job Service of Florida
- □ School _____
- □ Organization _____
- □ Comcast _____
- □ Other _____

EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION/ VETERAN'S PREFERENCE EMPLOYER M/F/D/V

18. Military Service Branch:_____ Date of Entry: _____ Date of Discharge: _____

Reserve or National Guard Status: _____

Have you ever been employed in a full time, permanent position by any state or any political subdivision of the state? Yes □ No □

If YES, give the name and address of employer:_____

_____

Do you claim Veteran's Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and chapter 295, Florida Statutes)? *

A) Based on active duty during a wartime period? □ Yes

B) As a veteran with a compensable service-connected disability? □ Yes

C) As the unremarried spouse of a veteran who was killed in action or who died of a service-connected disability? □ Yes

D) As the spouse of a veteran who cannot qualify for employment because of a total or permanent service-connected disability or as the spouse of a person missing in action captured or forcibly detained by a foreign power?. □ Yes

***YOU MUST SUBMIT CURRENT DOCUMENTATION OF YOUR VETERAN'S PREFERENCE STATUS WITH THIS APPLICATION.**
Documentation includes: Department of Defense document, commonly known as a form DD-214 or military discharge paper, or equivalent certification from Veteran's Affairs, listing military status, dates of service and discharge type (documentation must indicate entry date and discharge date). All documentation must clearly indicate that they are copies of originals. A Veteran's Preference statement of documentation / eligibility is posted and a copy is available upon request. If applicants claiming Veteran's Preference for vacant position(s), they may file a complaint with the Department of Veteran's Affairs, P.O. Box 31002, St. Petersburg, FL 33731, within 21 days after receiving notice of hiring decision.

19. Please list three responsible persons (other than relatives and past employer) who have knowledge of your qualifications for employment.

	NAME	OCCUPATION	ADDRESS	PHONE NO.	YRS. KNOWN
1.					
2.					
3.					

I hereby certify the information contained in this application to be true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection or dismissal. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

_____ Signature of Applicant

_____ Date

NON-TOBACCO USE AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application for employment, in accordance with Administrative Policy 1002.005 of the City of Hallandale Beach. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this ____ day of _____, 20__.

_____
Signature of Applicant

Sworn to and subscribed before me:

_____ (Seal)
Notary Public

My Commission Expires:

_____

EMPLOYMENT VERIFICATION

DATE: _____

NAME: _____

SOCIAL SECURITY: _____

The above named person has applied with us for employment and has listed you as a former employer. We would appreciate it if you could furnish the information requested below at your earliest convenience. The following "Authorization to Release Information" was completed by the individual.

AUTHORIZATION TO RELEASE INFORMATION

I respectfully request and authorize you to furnish the City of Hallandale Beach, Personnel Department all information you have concerning my employment record. I hereby release you and/or your organization from any liability which may result from furnishing this information.

_____
Signature of Applicant

DO NOT WRITE BELOW THIS LINE

DATE: _____

Position Held_____ Dates Employed: From_____ To _____

Reason for Termination: _____

If discharged, please explain_____

_____

Would you re-employ? Yes ____ No____ If not, please explain_____

_____

How would you rate the following:

Quality of Work:	Excellent	Good	Fair	Poor	Remarks_____
Quantity of Work:	Excellent	Good	Fair	Poor	Remarks_____
Attendance:	Excellent	Good	Fair	Poor	Remarks_____
Interpersonal Skills:	Excellent	Good	Fair	Poor	Remarks_____

Additional Comments: _____

_____

Signature: _____ Date: _____

Title: _____

RELEASE FORM FOR CONSUMER REPORTS

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I have the right to make a request of HireCheck, Inc., upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Print your name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Social Security Number: _____

Drivers License State: ____ License number: _____

For identification purposes:

Date of Birth: Month____ Day_____ Year ____ Race____ Gender____

Other or former names: _____

Professional License: State: ____ Type: _____ Number: _____

Signature: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The information requested in this survey will be used to comply with federal equal opportunity requirements and is neither a part of your application nor has any bearing on your consideration for employment. This form will be kept separate from your application.

Today's Date: _____

Position Applied For: _____

SEX: [ ] Male [ ] Female Date of Birth: _____

RACE/ETHNIC CATEGORY *** (Check one only):
*** (see descriptions below)

[ ] 1. WHITE (NOT OF HISPANIC ORIGIN)

[ ] 2. BLACK (NOT OF HISPANIC ORIGIN)

[ ] 3. HISPANIC (REGARDLESS OF RACE)

[ ] 4. ASIAN/PACIFIC ISLANDER

[ ] 5. AMERICAN INDIAN/ALASKAN NATIVE

DESCRIPTION OF EEOC RACE/ETHNIC CATEGORIES

1. WHITE: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

2. BLACK: All persons having origins in any of the Black groups of Africa

3. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race

4. ASIAN/PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands

5. AMERICAN INDIAN/ALASKAN NATIVE: all persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition