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City of Sanibel
800 Dunlop Road
Sanibel, Florida 33957-4096
(239) 472-3700
Fax: (239) 472-3065
www.mysanibel.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
Drug Free Workplace

Those applicants requiring reasonable accommodation to the application/interview process should notify the Director of Administrative Services.

INSTRUCTIONS TO APPLICANTS:

Read the job-opening announcement carefully. Your application cannot be considered unless you meet the required qualifications for the position for which application is made.

Position for which application is being made:

PERSONAL DATA

Last Name:	First:	Middle:	**NOTE: Applications are the property of the City of Sanibel and are subject to the Public Records Law**
Street Address:			I will accept employment as: ☐ Full-Time ☐ Term ☐ Part-Time ☐ As-Needed ☐ Temporary
Mailing Address:			Date You Are Available to Start Work:
City:	State:	Zip:	Minimum Acceptable Salary:
Home Phone: ( )	Work Phone: ( )		E-Mail Address:

Person to be notified in case of emergency:

Name: _____ Phone: ( ) _____

Address: _____ City: _____ State: _____ Zip: _____

Are you a Citizen of the United States? ☐Yes ☐No If you are not a citizen, you must present United States Entry authority and working permit as required by the United States Government. Do you have the required documentation? ☐ Yes ☐ No

Have you worked for the City of Sanibel before? ☐Yes ☐No If yes, show dates:

Are you related to a City of Sanibel employee? If yes, gives name(s) and relationship:

Driver's License State: _____ Expiration Date: _____
☐ Operator
☐ Commercial Driver's License
Class: A ☐ B ☐ C ☐ D ☐ (please check one)

Do you have any restrictions on your license? ☐Yes ☐No Have you ever had a driver's license revoked? ☐Yes ☐ No
If yes, please explain:

Have you ever been convicted by Federal, State, and Military or other law enforcement authorities (other than minor traffic violations), pleaded guilty or nolo contendere of criminal offense, even though adjudication was withheld or sentence suspended? ☐Yes ☐No
If yes, state the court, nature of offense, disposition of case and date:

NOTE: A conviction record will not be a barrier to employment unless the conviction is directly related to the position for which application is made.

Have you ever been a defendant in a civil action or lawsuit that included a claim against you for an intentional tort such as assault, battery, false imprisonment, negligent or intentional inflection of distress, trespass, etc? ☐ Yes ☐ No

If yes, state the court, date, claim, status or disposition:

List equipment applicable to the position for which application is being made in which you have received training or have experience:

List office machines in which you have received training or have experience:

Typing speed: _____wpm Shorthand speed: _____wpm
Computer/Keyboarding Experience: ☐ MS Word ☐ MS Excel Spreadsheets ☐ Other

EDUCATION

Check the highest year completed: 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○
If you received a GED, indicate issuing authority:

School	Name and Location	Graduate?	Major Field of Study	Degree/Certificate Received
High School		☐ Yes ☐No		
College/University		☐ Yes ☐No		
College/University		☐ Yes ☐No		
Vocational/Business/Technical		☐ Yes ☐No		
Other		☐ Yes ☐No		

Other Occupational Licenses or Certificates:

EMPLOYMENT HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED.

Begin with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment for the last 10 years. Each time you changed jobs or your title changed should be listed. Include your military experience, if any. Describe in detail your specific duties beginning with your primary duties. (ATTACH ADDITIONAL SHEETS IF NECESSARY). Explain any gaps in time from one job to another. Incomplete or illegible applications will not be processed.

1. Current or Last Employer			Address		
Your Job Title			Supervisor's Name	Supervisor's Phone Number ( )	
From Month - Year	To Month - Year	Total Yr. Mos.	Number of hours per week / Beginning Salary $_____ per year	Ending Salary $_____ per year	May we contact employer? ☐ Yes ☐No
Reason for leaving:					
Describe Your Duties in Detail:					

2. Name of Employer			Address		
Your Job Title			Supervisor's Name	Supervisor's Phone Number ( )	
From Month - Year	To Month - Year	Total Yr. Mos.	Number of hours per week / Beginning Salary $_____ per year	Ending Salary $_____ per year	May we contact employer? ☐ Yes ☐No
Reason for leaving:					
Describe Your Duties in Detail:					

3. Name of Employer			Address		
Your Official Job Title			Supervisor's Name	Supervisor's Phone Number ( )	
From Month - Year	To Month - Year	Total Yr. Mos.	Beginning Salary Number of hours per week $_____ per year	Ending Salary $_____ per year	May we contact employer? ☐ Yes ☐No
Reason for leaving:					
Describe Your Duties in Detail:					

4. Name of Employer			Address		
Your Official Job Title			Supervisor's Name	Supervisor's Phone Number ( )	
From Month - Year	To Month - Year	Total Yr. Mos.	Beginning Salary Number of hours per week $_____ per year	Ending Salary $_____ per year	May we contact employer? ☐ Yes ☐No
Reason for leaving:					
Describe Your Duties in Detail:					

5. Name of Employer			Address		
Your Official Job Title			Supervisor's Name	Supervisor's Phone Number ( )	
From Month - Year	To Month - Year	Total Yr. Mos.	Beginning Salary Number of hours per week $_____ per year	Ending Salary $_____ per year	May we contact employer? ☐ Yes ☐No
Reason for leaving:					
Describe Your Duties in Detail:					

REFERENCES

List three (3) personal references who are not relatives or former employers:

1. Name: _____ Address:_____
   Telephone Number:_____ Years Known: _____ City, State and Zip: _____

2. Name: _____ Address:_____
   Telephone Number:_____ Years Known: _____ City, State and Zip: _____

3. Name: _____ Address:_____
   Telephone Number:_____ Years Known: _____ City, State and Zip: _____

Attach additional sheets if necessary

MILITARY SERVICE AND VETERANS' PREFERENCE

Have you been a member of the Armed Forces? ☐ Yes ☐No Type of discharge: ☐ Honorable ☐ Dishonorable ☐ Other
If yes, dates of military service: _____

ARE YOU A FLORIDA RESIDENT CLAIMING VETERANS' PREFERENCE? ☐ Yes ☐ No

If yes, you must submit at the time application is made, but no later than the closing date of the announcement, a DD-214 and, if applicable, proof of percentage of compensable disability from the Department of Veterans' Affairs dated within the last 12-months. Other documents of proof may be requested, if required.

Preference in employment is given to a disabled veteran or spouse, veterans who served during a wartime period, an unremarried widow or widower of a veteran who died of a service-connected disability, and the spouse of a veteran missing in action or being forcefully detained or held by a hostile force. An applicant eligible for veterans' preference who believes he or she was not afforded employment preference may file a written complaint addressed to the Florida Department of Veterans' Affairs, Mary Grizzle Building, Suite 332-A, 11351 Ulmerton Road, Largo, FL 33778-1630. A complaint shall be filed within 21 days after notice of a hiring decision or within three calendar months from the date the application was filed with the City if the applicant has not received notice of the hiring decision. It is the responsibility of the preferred applicant to maintain contact with the City of Sanibel to determine if the position has been filled.

APPLICANT'S CERTIFICATION AND AGREEMENT

All statements and information given in this application are true to the best of my knowledge. I hereby authorize the City of Sanibel to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and personal references. I also hereby release from liability the City of Sanibel and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment, if I am employed, whenever it may be discovered. I understand that if I am claiming veteran's preference, I must provide proof of such claim as described herein at the time of making this application.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the City of Sanibel can terminate the relationship at-will, with or without cause, at any time, so long as there is no violation of applicable federal, state or local law, rule or regulation.

I understand that it is the policy of the City of Sanibel not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the American's With Disabilities Act.

I also understand that if I am offered employment, I may be required to complete a pre-employment health assessment or satisfactorily complete a physical examination and may be required to complete a drug-screening test. I will be required to provide two forms of proof of identity and legal work authorization. Failure to satisfactorily complete the physical examination, drug-screening test, and provide proof of employability, as required, shall result in denial of employment or immediate termination, if employed. I also understand and agree to the drug-free workplace policy that exists with the City of Sanibel.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant: _____ Date Signed:_____

HOW DID YOU LEARN OF THIS OPENING?

☐ City Employee ☐ Newspaper Ad - Specify Newspaper _____

☐ Job Announcement Board ☐ City Website ☐ Employment Agency ☐ State Employment Service

☐ Other – Specify _____

The City of Sanibel complies with local, state and federal equal opportunity guidelines that prohibit discrimination based on race, religion, sex, color, national origin, handicap, age and marital status and Florida Statute, Chapter 295, granting preference in employment to veterans and spouses of veterans who are Florida residents. Pursuant to Florida Statute, Chapter 119, personnel records and employment applications are public records.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF SANIBEL