

City of South Daytona Employment Application



JOB APPLICATION INSTRUCTIONS

JOB APPLICATION – INSTRUCTIONS

1. Complete all areas of the application and answer all questions.
2. Attach copies of the following to your completed application:
 - a. High School diploma or GED.
 - b. Certificates and/or degrees that are relevant to the position sought.
 - c. Social Security Card and Driver's License
 - d. Any letters or references. A resume may be attached but is not accepted in lieu of a completed application.
 - e. Veteran's Preference Form.

NOTE: All of the above instructions must be followed. Applications will not be processed if incomplete. All educational information must be documented by diploma, transcript, certificate or letter from the educational facility.

PROCESSING OF APPLICATIONS

- Return completed application to City Hall, 1672 South Ridgewood Avenue, South Daytona, FL.
- Applications will be reviewed by Human Resources. Any application that is not complete will not be processed.
- Applications that are complete and meet the minimum requirements for the position sought will remain active for a period of 60 days.



EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

CONFIDENTIAL

The City of South Daytona is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected under federal law. The following information is requested to assist the City of South Daytona in analyzing and monitoring its recruitment process in compliance with Federal Equal Employment Opportunity reporting. Although completion of this form is not required, it is encouraged in order to aid the City in our commitment to equal employment opportunity. The information will be kept separately from your application form, and will not be used for employment decisions.

Name: _____ Zip Code: _____

Position Applied for: _____ Date Applied: _____

Female:

Male:

Veteran: Yes No

RACE/ETHNIC GROUP (Please check the box that applies):

Hispanic or Latino Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race; or a mix of two or more races where at least one is Hispanic or Latino.

White (Not Hispanic or Latino) Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (Not Hispanic or Latino) Persons having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) Persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino) Persons having origins in any of the original peoples of North America and South America (including Central America), who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) Persons who identify with more than one

SOCIAL SECURITY NUMBER COLLECTION POLICY NOTICE

The City of South Daytona adopts the written statement attached hereto for the collection of social security numbers and such statement to individuals when their social security number is obtained. The City hereby determines that obtaining an individual's social security number for the reasons identified in said statement is either specifically provided by law or is imperative for the city to fulfill its lawful duties and responsibilities.

You are being provided this written policy for one or more of the purposes listed below, per Section 119.071(5), Florida Statutes.

THE CITY OF SOUTH DAYTONA COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES:

- CLASSIFICATION OF ACCOUNTS;
- IDENTIFICATION AND VERIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY

This written policy was adopted by the City of South Daytona City Council via Resolution NO 08-01 on January 22, 2008, in compliance with Section 119.07(5), Florida Statutes, (2007).

APPLICANT INFORMATION/EDUCATION

 Last Name (Please Print) First Middle Social Security Number Date

 Present Address: Street City/State Zip Code Home Phone Number

 Email Address Cell Phone Number

Only U.S. citizens or aliens who have legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Are you over 18 years of age? Yes No

Position Desired: _____ Date Available: _____ Salary Expected: _____

School	Print Name, Number, Street, City, State & Zip Code for each School	No of Yrs. Completed	Degree	Major Course Of Study
High School	_____			

College	_____			

Graduate School	_____			

Trade, Business, or Certificate	_____			

Other	_____			

NOTICE TO APPLICANTS: 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 may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

EMPLOYMENT HISTORY

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards. *Incomplete information could disqualify you from further consideration.*

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Phone Number
Work Performed		
Reason for Leaving		

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Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Phone Number
Work Performed		
Reason for Leaving		

APPLICANT QUESTIONNAIRE

Other Skills: List any other job-related education, skills, or qualifications that support your application.

Honors Received: _____

In order to verify your work and educational records, should we be made aware of any name changes or assumed name that you previously used? ____ Yes ____ No If **Yes**, identify names and relevant dates.

Have you ever been dismissed or forced to resign from any employment? ____ Yes ____ No
If **Yes**, please explain.

Have you ever been disciplined or fired for insubordination? ____ Yes ____ No
If **Yes**, please explain.

Have you ever been disciplined or fired for violating a safety rule? ____ Yes ____ No
If **Yes**, please explain.

Have you ever been disciplined or fired for fighting, assault or similar offenses? ____ Yes ____ No
If **Yes**, please explain.

Have you ever been sued for an intentional tort (such as fraud, assault, battery, etc.)? ____ Yes ____ No
If **Yes**, please explain the nature of the tort or suit and the disposition of the action. (Attach separate paper if necessary.)

Are you now employed? ____ Yes ____ No If **yes**, __ Part Time or __ Full Time

Are you on a layoff? ____ Yes ____ No Are you subject to recall? ____ Yes ____ No

May we contact your current Employer? ____ Yes ____ No

May we contact your Previous Employers? ____ Yes ____ No

As a part of our security checks, we may contact past employment. Is there anything we should know before we contact your past employers?

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ____ Yes ____ No

APPLICANT QUESTIONNAIRE CONTINUED

CHARACTER REFERENCES:

List three persons **not related to** you, whom you have known at least one year.

NAME	ADDRESS & PHONE	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

Have you filed an application here before? _____ Yes _____ No If **Yes**, give date: _____

Have you ever been employed here before? _____ Yes _____ No If **Yes**, give dates: _____

Give the names of any relatives employed by the City of South Daytona and the relationship



Veteran's Preference Form

Pursuant to Chapter 295 of the Florida Statutes, in order to claim Veterans' Preference, you must complete and sign this Veterans' Preference form and provide all required documentation from the Department of Defense (DD) and/or the Department of Veterans' Affairs (DVA). For the purposes of this form, a veteran is defined in §1.01(14) Florida Statutes. Preference may only be provided to qualified job applicants who have participated in a selection procedure and have submitted the required form and documentation no later than the closing of the job application period. Preference will not be awarded retroactively.

Name: _____ Position Applied For: _____

Veteran's Name: _____ Branch of Service: _____

Date Entered: _____ Date Discharged: _____ Type of Discharge: _____

Is the veteran retired? _____ Final Rank: _____

Does the veteran have a compensable service-connected disability? ___ Yes ___ No

Percent of disability _____%

Type of documentation submitted: _____

QUALIFYING CATEGORIES - DOCUMENTATION REQUIRED (✓) Check all that apply

(_____) 1. Those disabled veterans who have served on active duty in any branch of the United States Armed Forces, have received an honorable discharge (excludes general discharge regardless of conditions), and have established the present existence of a service-connected disability that is compensable under public laws administered by the DVA; also those disabled veterans who are receiving compensation, disability retirement benefits, or disability pension by reason of public laws administered by the DVA and the DD. (15)

Provide DD-214 or equivalent from the DD or DVA showing military status, dates of service, discharge type; and documentation from the DVA certifying the veteran has a compensable service-connected disability and the percentage of that disability.

(_____) 2. The spouse of a veteran who has a total disability, permanent in nature, resulting from a service connected disability and who, because of this disability, cannot qualify for employment; also the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power. (15)

Provide statement that applicant is still married to the veteran, certificate of marriage to the veteran, and veteran's DD-214 or equivalent from the DD or DVA showing military status, dates of service and discharge type. If veteran is disabled, also provide documentation from the DVA certifying the veteran is totally and permanently disabled and cannot qualify for employment because of that service connected disability. If veteran is missing in action/captured/forcibly detained, also provide documentation from the DD or DVA that the veteran is missing in action or has been captured/forcibly detained in the line of duty.

(_____) 3. A wartime veteran as defined in §1.01(14) Florida Statutes who has received an honorable discharge (excludes general discharge regardless of conditions) and who has served at least one day during a wartime period; also a veteran who has been awarded a campaign or expeditionary medal. Active duty for training may not be allowed for eligibility under this paragraph. (10)

Provide copy of DD-214 or equivalent from the DD or DVA showing military status, dates of service and discharge type; and campaign or expeditionary medal, if applicable.

(_____) 4. The unremarried widow or widower of a veteran who died of a service-connected disability. (10)

Provide statement that applicant is unremarried, certificate of marriage to the veteran, veteran's DD214 or equivalent from the DD or DVA certifying the service-connected death, and veteran's death certificate.
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(_____) 5. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the DD. (10)

If the applicant is the mother, father or legal guardian, provide veteran's DD-214 or equivalent from the DD or DVA certifying the service-connected death of the veteran under combat-related conditions, the veteran's death certificate, and court document(s) establishing legal authority of guardian. If the applicant is the unremarried widow or widower, provide statement that applicant is unremarried, certificate of marriage to the veteran, veteran's DD-214 or equivalent from the DD or DVA certifying the service-connected death of the veteran under combat-related conditions, and veteran's death certificate.

(_____) 6. A veteran as defined in §1.01(14) Florida Statutes who has received an honorable discharge (excludes general discharge regardless of conditions). Active duty for training may not be allowed for eligibility under this paragraph. (5)

Provide DD-214 or equivalent from the DD or DVA showing military status, dates of service and discharge type.

(_____) 7. A current member of any reserve component of the United States Armed Forces or the Florida National Guard. (5)

Provide Statement of Service or equivalent signed by or at the direction of the adjutant, personnel officer or commander of reserve/guard unit stating the dates of military service/current military service.

Important Notice:

Chapter 295 of the Florida Statutes sets forth certain requirements for public employers to accord preferences in appointment, retention and promotion to certain qualified service members/veterans and certain spouses/family members of these service members/veterans. Preference in appointment and employment requires that a preferred applicant be given preference at each step of the employment selection process, but does not require the employment of a preferred applicant over a non-preferred applicant who is the most qualified for the position.

An applicant eligible for Veterans' Preference who believes he or she was not afforded employment preference in accordance with Chapter 295 may file a complaint with the Department of Veterans' Affairs at 9500 Bay Pines Blvd., Room 214, St. Petersburg, Florida 33708, requesting an investigation. When the applicant has received notice of a hiring decision from a covered employer, the complaint shall be filed within 21 calendar days from the date notice is received by the applicant and/or as otherwise provided in Florida Administrative Code R. 55A-7. Also, § 295.07(4) Florida Statutes provides exemptions to Veterans' Preference.

Signature of Applicant (required):

I, the undersigned qualified service member/veteran or spouse/family member of a qualified service member/veteran, acknowledge that I have provided true and correct information on this form and all related documentation, and that I have read and understand the rights expressed in the foregoing notice.

Signature: _____ Date: _____

Wartime Eras eligible for Veterans' Preference:
Operation New Dawn - September 1, 2010 to TBD
Operation Iraqi Freedom - March 19, 2003 to TBD
Operation Enduring Freedom - October 7, 2001 to TBD

Persian Gulf War – August 2, 1990 to Jan. 2, 1992
Vietnam Era - February 28, 1961 to May 7, 1975
Korean Conflict - June 27, 1950 to January 31, 1955
World War II - December 7, 1941 to Dec. 31, 1946

APPLICANT'S STATEMENT

Please read carefully before signing.

The City of South Daytona is an equal opportunity employer. The City of South Daytona does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City of South Daytona to hire me. If I am hired, I understand that either the City of South Daytona or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the City of South Daytona has the authority to make any assurance to the contrary.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I attest with my signature below that I have given to the City of South Daytona true and complete information on this application. No requested information has been concealed. I authorize the City of South Daytona to contact references, verify education, conduct a background check, contact prior employers, and make any other inquiry related to consideration for employment. I hereby release the City of South Daytona from any liability as a result of these contacts.

If any information I have provided in this application is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

The contents of the City's policies and practices are subject to change or modification by the City, solely at its discretion, without notice. I also understand that no supervisor or other official of the City has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

The City of South Daytona conducts its business with the highest possible degree of safety and efficiency. Because of this, the City may require applicants for employment to undergo blood and/or urinalysis screening for drug/nicotine or alcohol use as part of our pre-placement physical examination. In addition, all employees of the City of South Daytona are subject to blood tests or urinalysis screening for drug or alcohol use.

Signature: _____ Date: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

STATE OF FLORIDA
COUNTY OF _____

THE FOREGOING INSTRUMENT was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____, by _____, on behalf thereof, who _____ is personally known to me, or _____ produced _____ as identification.

Notary Public Signature
Print Notary Name: _____
My commission expires: _____

National Background Screening Consent Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local Criminal background records/information
- National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

Motor Vehicle Check: Drivers License Number _____

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employment with this organization.

Print Name:

_____ Date: _____

Signature: _____

**APPLICANT NOTIFICATION AND
ACKNOWLEDGEMENT**

This form shall be completed and signed by every applicant for background screening purposes. It is recommended that a copy of the signed acknowledgement be securely retained in the applicant's personnel file for the duration of their employment with the agency.

I hereby authorize the South Daytona Police Department to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- The South Daytona Police Department may provide me with a copy of my FBI criminal history record for review and possible challenge.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____