



# APPLICATION FOR EMPLOYMENT

## CITY OF RIVIERA BEACH

Department of Human Resources  
 2051 Martin Luther King Jr. Blvd., Rm. 302  
 Riviera Beach, FL 33404  
[www.rivierabch.com](http://www.rivierabch.com)  
 561-840-4880 TELEPHONE  
 561-840-4881 FAX

### APPLICANT INSTRUCTIONS/NOTES:

**Please note: Florida has a very broad public records law. Your application will be subject to Ch. 119, Fla. Statutes and may be disclosed upon request.**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. The City of Riviera Beach is an equal employment opportunity employer and adheres to the principles and practices required in applicable federal, state and local laws and regulations which prohibit discrimination in employment and hiring. It is the policy and practice of the City to abide by all anti-discrimination laws provided by the federal, state and local regulations. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age creed, national origin or the presence of disabilities. Furthermore, the City is committed to complying with the Americans and Disabilities Act. If an applicant for employment requests an accommodation so that the City can assist completing the job application process, the City reserves the right to require the applicant to furnish appropriate documentation from a relevant professional (e.g., a doctor, rehabilitation counselor, etc.) confirming that the applicant has a disability or concerning the applicant's functional limitations for which a reasonable accommodation is requested.

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

You may include your resume with the application, but not in place of an application. Applications may be e-mailed, faxed, mailed or submitted in person to the Human Resources Department. Print clearly in ink or type; incomplete or illegible applications will not be processed. Applications must be submitted prior to listed closing dates or they will not be accepted. All spaces on the application must be completed, if a question does not apply, please use N/A for Non-Applicable. **THE HUMAN RESOURCES DEPARTMENT CAN ONLY ACCEPT APPLICATIONS FOR POSTED POSITIONS.**

Return application Monday through Thursday from 8:30 a.m. to 2:00 p.m. Deadline date \_\_\_\_\_

POSTED POSITION DESIRED: \_\_\_\_\_

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address Apt. #		(Area Code) Home Telephone Number	
City, State, Zip Code		(Area Code) Cellular Phone Number	
E-mail Address		Date Available for employment	
Were you previously employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.A.? Yes <input type="checkbox"/> No			
Will you, now or in the future, require sponsorship of employment visa status (e.g., H-1 B visa status)			
Have you been convicted of a felony or served time? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide explanation below. A conviction will not necessarily bar you from employment. <b>FALSE STATEMENTS OR OMISSIONS OF CONVICTIONS SHALL BE JUST CAUSE FOR DISQUALIFICATION FROM EMPLOYMENT.</b> Each case is evaluated in relation to the duties and responsibilities of the position for which you have applied.			
Details:			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify Trade, if applicable
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer for the last seven years working backwards. RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF ANY PORTION OF THE APPLICATION. Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience.

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)**

Please list two professional references.

Name	Address	Telephone Number:
Name	Address	Telephone Number:

State names of any relatives and friends presently employed with us, indicate relationship \_\_\_\_\_

**JOB-RELATED SKILLS**

Note: Do not fill out any part of the section you believe to be non-job related.

List languages in which you are fluent \_\_\_\_\_

If the job requires, do you have the appropriate valid driver's license? Yes  No   
DL # \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_

Have you had any moving violations? Please describe \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or company  
\_\_\_\_\_  
\_\_\_\_\_

If applying for clerical position, indicate typing speed \_\_\_\_\_ wpm  
Do you have or possess basic computer skills? Yes  No   
What types of computer software can you operate? \_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

Did you serve in the U.S. Armed Forces? Yes  No  If yes, in what branch? \_\_\_\_\_ If you are claiming Veteran's Preference, please attach a copy of DD214.

Describe any training received relevant to the position for which you are applying \_\_\_\_\_  
\_\_\_\_\_

**COMMENTS**

ATTACH AN ADDITIONAL PAGE, IF NECESSARY

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant instructions on the first page of this form and that answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts asked for in this application may result in rejection of my application or discharge at anytime during my employment. I authorize the City and/or its agents to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. A medical examination, including drug screening will be required by the City, at the City's expense. I understand that any offer of employment will be conditional on successful completion of the medical examination, drug screening and background examination. I agree to sign a release of medical information in connection with this medical examination, and I understand that the results thereof relating to my capacity to perform as a City employee will be communicated to the City.

<b>SIGNATURE</b>	X
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**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

## REFERRAL SOURCE

I heard about this position through – (please respond below)

Newspapers

- Palm Beach Post    Sun Sentinel    Palm Beach Gazette    Other \_\_\_\_\_

OR

(please specify)

- |  |  |
|--|--|
| <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> City of Riviera Beach Employee _____<br><input type="checkbox"/> Job Service _____<br><input type="checkbox"/> School Placement Office _____<br><input type="checkbox"/> Bulletin Board _____<br><input type="checkbox"/> Radio Station _____ | <input type="checkbox"/> TV Station _____<br><input type="checkbox"/> Internet Website _____<br><input type="checkbox"/> Church _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> City of Riviera Beach Human Resources Department |
|--|--|

**FOR EMPLOYER'S USE ONLY**

## TEST RESULTS

TESTS ADMINISTERED	DATE	RAW SCORE	ANALYSIS AND COMMENTS

## REFERENCE CHECK

NO.	PERSON CONTACTED	RESULTS
1		
2		
3		

## PRE-EMPLOYMENT RESULTS

BACKGROUND CHECK	RESULT DATE	BY _____
PHYSICIAN	DATE	QUALIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No  _____, M.D. Comments: