

City of St. Augustine Beach, 2200 A1A South, St. Augustine Beach, FL 32080

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

			Ľ	oate:
APPLICANT INFORMAT	TION:	Position App	lying for:	
Last Name		First		M.I
Street Address			Apartmer	nt/Unit #
City		_ State	Zip	
Phone	Email <i>F</i>	Address		
Date Available	Desired	d Salary		
Have you ever worked for th				
Have you ever been convicted	ta of a felolity:	C3 IV	л <u></u> п 30, ехріан	·
offense, type of offense, r determining effect on suitab Type of work you are availab Do you have any relatives er Name(s)	ility for employmer ble for: Full-time nployed by the City	nt. Part-tim of St. August	e Seasonal	Shift Work
EDUCATION				
High School		_ Address		
From	To			
College		_ Address		
From	To			
Other		_Address		
	To			
DEFEDENCES		_		
REFERENCES - Please list			_	
Full Name	Compa	iny	P	none
Full Name	Compa	iny	P	hone
Full Name	Compa	iny	P	hone

1 Rev. 03/2019

PREVIOUS EMPLOYMENT – START WITH YOUR MOST RECENT EMPLOYER

Company	_ Phone			
Address				
Responsibilities				
Job Title Starting Salary	Ending Salary			
Reason for leaving?	FromTo			
Company	_ Phone			
Address	_ Supervisor's Name			
Responsibilities				
Job Title Starting Salary	Ending Salary			
Reason for leaving?	FromTo			
Company	_ Phone			
Address	_ Supervisor's Name			
Responsibilities				
Job Title Starting Salary	Ending Salary			
Reason for leaving?	FromTo			
May we contact your previous supervisor for a reference? Yes No				
Any Technical / Special Training (Describe specialized training, apprenticeships, & extracurricular activities)				
Describe any volunteer experience:				
List professional, trade, business or civic activities and o	ffices you have held:			
Are you able to perform all essential functions of the position and work during specified work hours?				

2 Rev. 03/2019

If not, are there reasonable accommodations that can be made?					
MILITARY SERVICE					
Branch	From	To			
It is the applicant's responsibility to provid	de DD 214-Member 4 Copy				
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and comemployment, I understand that false or my release.	· ·				
I authorize investigation of all statements and all information concerning my previo personal or otherwise, and release all parti same to you.	ous employment and any pert	tinent information they may have,			
I understand and agree that, if hired, my terminated at any time during that period		onths and my employment may be			
I understand and agree that if given a cone examination. I also understand that I will b this test or receive a positive confirmed te	pe required to submit to a drug	test and that if I refuse to submit to			
Signature	Date				
The City of St. Augustine Beach is an equagainst any applicant or employee based of					
All applicants will be required to furnis Immigration Reform and Control Act (IRCA					
If you need an accommodation because	of a disability in order to part	icipate in the application / section			

process, please notify the City Clerk.

The State of Florida and the City of St. Augustine Beach do not tolerate violence in the workplace.

Preference shall be given to certain veterans and spouses provided by Chapter 295, Florida Statutes.

If you are a current or former law enforcement officer, other covered employee, or the spouse or child of one, whose information is exempt from public records disclosure under Section 119.071(4)(d) of the Florida Statutes, please notify the City Clerk.

3 Rev. 03/2019