



# Town of Fort Myers Beach Application for Employment

*Town of Fort Myers Beach*  
2525 Estero Blvd., Fort Myers Beach, FL 33931  
Email: [employ@fortmyersbeachfl.gov](mailto:employ@fortmyersbeachfl.gov)  
Phone # 239-765-0202 ext.1201  
Fax # 239-765-0909

**You must show original social security card prior to employment**  
**EQUAL OPPORTUNITY AND AT WILL EMPLOYER - Position Open Until Filled**

**It is important that you answer all questions on this application fully and truthfully. Failure to do so may delay consideration for employment or result in loss of employment opportunities. Print N/A if something does not apply to you. You must complete a separate application for each position for which you are applying.**

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you ever been employed under any other name(s)? Yes \_\_\_ No \_\_\_ If yes, please list other name:

\_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes \_\_\_ No \_\_\_

Hourly Rate expected: \_\_\_\_\_ Date you can begin: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Do you have any relatives working here? Yes \_\_\_ No \_\_\_ If you answered 'yes' that you have a relative that works for the Town of Fort Myers Beach, please provide their name, department, and relationship to you.

Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have a valid Florida driver license? Yes \_\_\_ No \_\_\_ Check Class: CDL\_\_ A\_\_ B\_\_ C\_\_ Regular License E\_\_ Have you ever had your driver's license suspended or revoked? Yes \_\_\_ No \_\_\_

**CRIMINAL HISTORY INFORMATION -A CRIMINAL HISTORY INFORMATION SCREENING WILL BE CONDUCTED ON THE SUCCESSFUL APPLICANT. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINALHISTORY, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY.**

If you are not sure or cannot remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically bar you from employment. The nature, job- relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

1. Have you ever been convicted of a felony or a first-degree misdemeanor? Yes \_\_\_ No \_\_\_

2. Have you ever had the adjudication of guilt withheld for a felony or first-degree misdemeanor? Yes \_\_\_ No \_\_\_

If you answered "Yes" to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor:

CHARGE	DATE OF DISPOSITION	COUNTY/STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name \_\_\_\_\_

**EDUCATION (Notes: Must provide copies of transcripts or degrees if required in advertisement)**

High School Highest Grade Completed \_\_\_\_\_ Check One Diploma \_\_\_\_\_ GED \_\_\_\_\_ Or Equivalency \_\_\_\_\_

High School Name \_\_\_\_\_ Location (City, State) \_\_\_\_\_

Your name, if different than application. \_\_\_\_\_

Name of College/University/Professional School \_\_\_\_\_

Location \_\_\_\_\_ Dates Attended Month/Year \_\_\_\_\_  
City/State

Hours Earned or Total Credits \_\_\_\_\_ Course of Study or Major \_\_\_\_\_

Degree and Field (AA, AS, BS, MS, PhD) \_\_\_\_\_

Date awarded Month/Year \_\_\_\_\_ Attended Month/Year FROM \_\_\_\_\_ TO \_\_\_\_\_

Name of College/University/Professional School \_\_\_\_\_

Location \_\_\_\_\_ Dates Attended Month/Year \_\_\_\_\_  
City/State

Hours Earned or Total Credits \_\_\_\_\_ Course of Study or Major \_\_\_\_\_

Degree and Field (AA, AS, BS, MS, PhD) \_\_\_\_\_

Date awarded Month/Year \_\_\_\_\_ Attended Month/Year FROM \_\_\_\_\_ TO \_\_\_\_\_

Name of Tech/Vocational/ Military School \_\_\_\_\_

Location \_\_\_\_\_ Dates Attended Month/Year \_\_\_\_\_  
City/State

Hours Earned or Total Credits \_\_\_\_\_ Course of Study or Major \_\_\_\_\_

Degree and Field \_\_\_\_\_

Date awarded Month/Year \_\_\_\_\_ Attended Month/Year FROM \_\_\_\_\_ TO \_\_\_\_\_

List any current licenses, registrations, or certifications License, registration, or certificate number

Name	Number	Dates received	Dates expires
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language(s) do you fluently speak and write? \_\_\_\_\_

**EMPLOYMENT HISTORY**

This section must be completed even if a resume is attached. Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. If you worked multiple positions at one employer please list them individually. Incomplete information could disqualify you from further consideration. Describe in detail your specific duties beginning with your primary duties. Attach additional sheets if necessary.

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor's Name & Title: \_\_\_\_\_

Supervisors Telephone: \_\_\_\_\_ Supervisor's Email \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of leaving: \_\_\_\_\_ Beginning Hourly Rate: \_\_\_\_\_ Ending Hourly Rate \_\_\_\_\_

Day/Month/Year

Day/Month/Year

Reason for leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor's Name & Title: \_\_\_\_\_

Supervisors Telephone: \_\_\_\_\_ Supervisor's Email \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of leaving: \_\_\_\_\_ Beginning Hourly Rate: \_\_\_\_\_ Ending Hourly Rate \_\_\_\_\_

Day/Month/Year

Day/Month/Year

Reason for leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor's Name & Title: \_\_\_\_\_

Supervisors Telephone: \_\_\_\_\_ Supervisor's Email \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of leaving: \_\_\_\_\_ Beginning Hourly Rate: \_\_\_\_\_ Ending Hourly Rate \_\_\_\_\_

Day/Month/Year

Day/Month/Year

Reason for leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: _____	Address: _____
Job Title: _____	Immediate Supervisor's Name & Title: _____
Supervisors Telephone: _____	Supervisor's Email _____
Date of Hire: _____	Date of leaving: _____
Beginning Hourly Rate: _____	
Ending Hourly Rate _____	
Reason for leaving: _____	
Describe your duties: _____	
_____	
_____	
_____	
May we contact this employer? Yes _____ No _____	
Employer: _____	Address: _____
Job Title: _____	Immediate Supervisor's Name & Title: _____
Supervisors Telephone: _____	Supervisor's Email _____
Date of Hire: _____	Date of leaving: _____
Beginning Hourly Rate: _____	
Ending Hourly Rate _____	
Reason for leaving: _____	
Describe your duties: _____	
_____	
_____	
_____	
May we contact this employer? Yes _____ No _____	

**PRIOR TERMINATIONS**

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes\_\_\_\_ No\_\_\_\_  
If yes, give details, including the name of employer and supervisor who terminated your employment and the reason you were told you were terminated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by any governmental entity within the State of Florida? Check One: Yes\_\_\_ No\_\_\_

Are you a resident of the State of Florida? Check One: Yes\_\_\_ No\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize your special skills and qualifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

**List all residences for the past 10 years:**

_____	From: _____	To: _____
	MM/YY	MM/YY
_____	From: _____	To: _____
	MM/YY	MM/YY
_____	From: _____	To: _____
	MM/YY	MM/YY
_____	From: _____	To: _____
	MM/YY	MM/YY

**List 3 References:**

Reference Name \_\_\_\_\_ How Known \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Reference Name \_\_\_\_\_ How Known \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Reference Name \_\_\_\_\_ How Known \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

**I certify that all statements made in this application are true. I further acknowledge that should the Town of Fort Myers Beach employ me, any misstatements of fact contained herein may be cause for termination. [Under Florida's Government-in-the-Sunshine Law, applicants for employment with a public agency are subject to public disclosure.] I authorize the Town of Fort Myers Beach to make lawful inquiries regarding both my past and present employment and references listed or supplied by me to release from liability all those supplying information.**

**Please verify for accuracy before submitting.**

**Applicant's Printed Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **VETERAN'S PREFERENCE**

**SECTION A** - Veterans' Preference ensures that veterans and eligible persons are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or other eligible person will be the candidate selected to fill the position. Section 295.07, Florida Statutes (F.S.) specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. Listed below are the seven Veterans' Preference categories.

- a) A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense. [Section 295.07(1) (a), F.S.]
- b) The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. [Section 295.07(1) (b), F.S.]
- c) A wartime veteran as defined in section 1.01(14), F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. [Section 295.07(1) (c), F.S.]
- d) The un-remarried widow or widower of a veteran who died of a service-connected disability. [Section 295.07(1) (d), F.S.]
- e) 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 United States Department of Defense. [Section 295.07(1) (e), F.S.]
- f) A veteran as defined in section 1.01(14), F.S., excluding active duty for training. [Section 295.07(1) (f), F.S.]
- g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. [Section 295.07(1) (g), F.S.]

### **SECTION B**

- 1) Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense (DOD) Document, form DD-214 or military discharge papers, or equivalent certification from the VA, listing military status, dates of service and discharge type.
- 2) Disabled veterans shall also furnish a document from the DOD, the VA, or the Dept. certifying that the veteran has a service-connected disability.
- 3) Spouses of disabled veterans shall also furnish either a certification from the DOD or the VA that the veteran is totally and permanently disabled or an identification card issued by the Dept.; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
- 4) Spouses of persons on active duty shall furnish a document from the DOD or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.
- 5) The unremarried widow or widower of a deceased veteran shall furnish a document from the DOD or the VA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.
- 6) Spouses of persons eligible to claim preference shall furnish certification from the VA that the veteran has a total and permanent service-connected disability.

### **VETERANS' PREFERENCE CLAIM (Must be completed)**

#### **BLOCK 1 (Complete if requesting the Veteran's Preference)**

Are you eligible to receive preference in employment under a through g above? Check the letter from Section A above a\_\_ b\_\_ c\_\_ d\_\_ e\_\_ f\_\_ g\_\_ From Section B If eligible, which Veterans' Preference category are you claiming? (Check the number from Veterans' Preference Information section above.) 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_ Note: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing at the time of application a DD-214 (Certificate of Release or Discharge from Active Duty) and any other required documentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **BLOCK 2 (Complete if "NOT" requesting the Veteran's Preference)**

I declare that I am not claiming Veterans' Preference in this application \_\_\_\_\_ check here

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Read Carefully Before Signing - APPLICANT'S CERTIFICATION AND AGREEMENT**

I UNDERSTAND AND AGREE that, except as specifically prohibited by state law or town ordinance or regulation policies and procedures do not create any property rights in employment; and that employment may be terminated by either the employee or the Town with or without cause.

I CERTIFY that all information given out in this employment application, in related documents and in all interviews is true and correct. I understand that the Town may make a thorough investigation of my character, reputation, past employment and other relevant history. I authorize the giving and receiving of any such information requested by the Town including financial and credit records and hereby relieve and release all former employers and their agents of any liability for any information they may give to the Town. I also authorize educational institutions to furnish any records of my education, coursework and/or degrees granted while attending that institution. I hereby waive any rights or claims I may have whether present developed or not against the Town or its agents or employees arising out of or resulting from the release, authorized or unauthorized, of the following information received pursuant to or in connection with the Town's handling, processing, investigation, etc., of my application for employment with the Town.

I UNDERSTAND that if hired, I will be placed on a 6-month probationary period. I further understand that if in accordance with the Florida Statute §443.131(3)(a)(2), I am terminated for unsatisfactory work performance within 3 months, the employer's unemployment account shall not be charged for any unemployment benefits paid to me.

I AGREE that if the Town employs me, a future potential employer may contact the Town or its representatives concerning my work record and my work performance at the Town. I hereby consent to and authorize persons employed by the Town to divulge any and all information they consider relevant to any person representing himself/herself to be an employer or potential employer of mine with respect to my work record and/or performance of my job at the Town. I understand that all information provided herein is public record and is subject to review upon request.

I AGREE to submit to any appropriate testing, including to determine the presence of alcohol or illegal controlled substances in my body, under whatever policies or procedures the Town has in effect at the time testing is required. I AGREE to pre-employment testing if requested and understand that failure to meet any job-related medical and/or health requirements for the position(s) may prevent employment by the Town.

I UNDERSTAND that all employees who do not have a written employment contract with a limited and specified duration are employed at the will of the Town and that all offers of employment are contingent upon successful completion of all background investigations; which may include, but are not limited to, employer and non-employer references and, where applicable, pre-employment testing.

I UNDERSTAND that the Town will not tolerate sexual and any other form of unlawful harassment. I understand that I have the affirmative obligation to report incidents and participate in any investigation as requested. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate dismissal.

I UNDERSTAND that falsification of any information so given or other information that either singly or cumulatively, would tend to negatively impact the hiring decision discovered as a result of any background check or investigation may be grounds for not hiring an applicant or may subject me to immediate dismissal if employed.

I UNDERSTAND Pursuant to Chapter 119, Florida Statutes, job applications, employment files & records are considered public domain open to inspection.

I AGREE that if hired by the Town, upon termination of employment, I shall return all Town property.

I UNDERSTAND that pursuant to the requirements of the Fair Credit Reporting Act, a consumer report may be made in connection with my application for employment. If I am denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to me of the name and address of the consumer-reporting agency making such a report. I will also receive a copy of the report and a statement of my consumer rights. I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report for employment purposes at the time of my application or if hired at any time during my employment with the Town.

**Please verify for accuracy before submitting.**

**Applicant's Printed Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_