

# TOWN OF MIAMI LAKES

6601 Main Street Miami Lakes, FL 33014 Phone (305) 364-6100 / Fax (305) 558-8511 jobs@miamilakes-fl.gov /www.miamilakes-fl.gov

### **EMPLOYMENT APPLICATION**

#### An Equal Opportunity Employer and Drug Free Workplace

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, genetic information, marital, or veteran status (except if eligible for veterans' preference). IN ACCORDANCE WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, PERSONS REQUIRING SPECIAL ACCOMMODATION TO PARTICIPATE IN THE EMPLOYMENT PROCESS SHOULD CONTACT THE HUMAN RESOURCES OFFICE AT (305) 364-6100 FOR ASSISTANCE.

**INSTRUCTIONS:** Please print or type all information. This application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Applications and any additional information or documents you wish to submit may be sent to the Human Resources Department via fax, email, or U.S. mail or delivered in person. All materials submitted become the property of the Town and will not be returned.

Department via fax, email, or U.S. mail or delivered in person. All	materials submitted become the propert	y of the Town and wi	Il not be returned.
Position Applying for:		Date:	
Desired Salary	If hired, when can you start?		
Name: (Last), (First) (Middle)			
Address:			
City, State & Zip			
Home Phone:			
Cell Phone / Other:			
Email address			
Employment Eligibility			
If under 18 years of age, please provide date of birth:			
Are you a citizen of the United States, or are you legally authorized to work?	☐ Yes ☐ No		
Have you ever been employed by the Town of Miami Lake	es?		
If yes, provide dates and position.			
Have you ever been known or employed under another na	me? If so indicate:		
Driver License Number and/or ID Number	State	Expiration Date	
Education			
High School	Attendance Dates	С	)egree
College / University	Attendance Dates		)egree
College / University	Attendance Dates	С	)egree
Graduate School	Attendance Dates		)egree
Other/ GED	Attendance Dates		)egree
Additional Coursework			

Please Indicate th	ne highest	grade/year completed.						
Grade School		College / Un	College / University		Gradua	te School		
_		<b>ion:</b> A "Yes" response doen ature of the offense, how lor						
Have you ever bee If yes, please expla		or found guilty of a felony or	first degree m	nisdemeanor?	☐ Yes	☐ No		
Date		Offense / Charge	Name / L	Name / Location of Court		Disposition/Sentence		
Previous En		n <b>ent</b> Inglementer Ingloyer first. Please expla	ain any gane	in employme	unt in the secti	on provided	at the end	
<b>1.</b>	presente	improyer mai. Trease expit	am any gaps	m employme	in the good	on provided	at the cha.	
Name of Employer:								
Name of last superv								
Dates of employme	nt:	To:						
From:		To:						
Salary:								
Starting		Ending						
Complete Address:								
Phone #:								
Last job title:								
Reason for Leaving	(be specific	c):						
	(SO SPOSIII	<u> </u>						
List the jobs you he	Id duties no	erformed, skills used or learn	ed advancem	nents or prom	notions while vo	u worked at t	his company	,.
	<u>.u, uuoo p.</u>					<u> </u>		·
May we contact you	ır present e	mployer?  yes no						
2.								
Name of Employer:								
Name of last superv	/isor:							
Dates of employme	nt:							
From:		То:						
Salary:								
Starting		Ending						

Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (be s	pecific):
List the jobs you held, du	ties performed, skills used or learned, advancements, or promotions while you worked at this company:
3.	
Name of Employer:	
Name of last supervisor:	
Dates of employment: From:	To:
	To:
Salary: Starting	Ending
Starting	
Complete Address:	
Phone #:	
Last job title:	
Reason for Leaving (be s	pecific):
List the jobs you held, du	ties performed, skills used or learned, advancements, or promotions while you worked at this company:
Please explain any gaps	in employment here.
Tidado explain any gape	
Skills:	
Languages	
Computer: OPC	○ Mac ○ Both
Applications (list all that a	pply):
Other Skills, Licenses and	d Certifications:

# References

Please list 3 references	other than relatives and previous	s employers.		
Name				
Position				
Company/Address				
Phone Number	Years Known			
Name				
Position				
Company/Address				
Phone Number	Years Known			
Name				
Position				
Company/Address				
Phone Number	Years Known			
se this space to add any ad	ditional information necessary to describ	be your full qualifications for the position which you are applying:		
Military Service				
ranch: Dates of Active Duty:		Dates of Active Duty:		
Rank:		Type of Discharge:		

**Veterans' Preference** 

Are you claiming Veterans' Preference?

If Yes, please submit FORM DD214 and other relevant documentation concerning eligibility for Veterans' Preferences.

☐ No

## Certification

This section must be signed before submission. Please read carefully.

I certify that there are no misrepresentations, omissions or falsifications in the statements and answers on this application and that all the foregoing entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the Town of Miami Lakes to verify all information contained herein. I authorize my current and former employers, references, registration and licensing boards, and educational institutions listed on my application for employment to provide the Town with any job-related information requested. I also release all past employers and references from any and all liability for the release of information to the Town of Miami Lakes.

I understand that all job offers from the Town of Miami Lakes are conditioned on the successful completion of a criminal background check, drug screening, credit check (if applicable for the position applied), reference check, past employment verification and proof of education (collectively referred to as a "background check"). By signing this application, I authorize the Town of Miami Lakes to conduct a background check and, if applicable, a consumer report to be procured for employment purposes. As stated, the background check shall include alcohol/drug screening for which I give consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the Town of Miami Lakes for this purpose.

I also understand that employment with the Town of Miami Lakes is "at-will" and as such, may be terminated without cause and without notice by either party at any time.

I understand that the Town of Miami Lakes will not tolerate unlawful discrimination or unlawful harassment and that employees have an affirmative duty to report such incidents and that such conduct is grounds for termination of employment.

I am aware and agree in advance that should the background investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from processing my application further or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, I will be immediately dismissed from employment with the Town of Miami Lakes regardless of when this information becomes known to the Town.

Signature	Date	
Print name:		
Position applied for:		

The Town of Miami Lakes is an Equal Opportunity Employer.