



City of Belle Glade

110 Dr. Martin Luther King Jr. Blvd., West
Belle Glade, Florida 33430-3900 Phone:

561-996-0100

Fax: 561-993-1813

Application for Employment

Please, thoroughly complete application and attach copy of documents required to determine minimum eligibility. Failure to do so hinders our ability to properly assess eligibility; whereby eliminating your application for employment consideration.

The City of Belle Glade does not engage in any form of unlawful discrimination. If you feel you have been discriminated against for any reason, please call this to the attention of the Human Resources Director so that we may address your concern.

NOTE: All applicants will be required to furnish proof of identity and legal work authorization within 3-days of appointment.

Position Applying For: _____

Type of Employment desired? Full Time Part Time Temporary

Applicant's Full Name _____

List any other names you have used or currently use, and the dates you used those names. Please request additional pages as necessary.

NAME	DATES USED

Residence Address _____

City/State/Zip Code _____

Mailing Address _____

City/State/Zip Code _____

Home Phone # _____ Alt. Phone Number _____

(Do you have a valid Driver's License that you will be able to produce upon offer of employment, for verification of driving privilege for positions applicable)?

Driver's License # _____ Type of Driver's License _____ State Issued _____

Date of Birth: _____

Check the type of vehicles you are qualified, through experience, to operate:

Passenger Car Light Truck Heavy Truck or Tractor

Other _____

Names of Relatives employed by the City of Belle Glade and department names.

Name	Relationship	Department

Have you ever been employed with the City of Belle Glade? YES NO

If yes, please list all positions held, dates of employment, department name and supervisor, and the reason for separation. _____

EDUCATION Please include Name and Address of school, years attended, date graduated and degree obtained if any. If more space is needed, please attach an additional page.				
	Name & Location	Dates	Graduated (?)	Major Study / Degree
High School				
College				
Additional Education				

EMPLOYMENT

Please list, beginning with your most recent employment (prior employer), any and all prior work experience you have had during the past 10 years. Be sure to account for any periods in which you have been unemployed. Please describe your job duties in full detail. If you are no longer employed, please state why you left. (If separation was voluntary, state why. If terminated or involuntary separation, state reasons you were given).

Employer _____
Address _____
Date Employed FROM _____ **Date Employed TO** _____
Position Held _____ **Telephone Number** _____
Supervisor's Name _____ **Supervisor's Title** _____
Job Duties _____

Reason for separation or seeking new employment _____

Employer _____
Address _____
Date Employed FROM _____ **Date Employed TO** _____
Position Held _____ **Telephone Number** _____
Supervisor's Name _____ **Supervisor's Title** _____
Job Duties _____

Reason for separation or seeking new employment _____

Employer _____
Address _____
Date Employed FROM _____ **Date Employed TO** _____
Position Held _____ **Telephone Number** _____
Supervisor's Name _____ **Supervisor's Title** _____
Job Duties _____

Reason for separation or seeking new employment _____

Employer _____
Address _____
Date Employed FROM _____ Date Employed TO _____
Position Held _____ Telephone Number _____
Supervisor's Name _____ Supervisor's Title _____
Job Duties _____

Reason for separation or seeking new employment _____

OTHER: Please describe any other experiences or skills for which you feel qualify you for the position of which you have applied for with the City of Belle Glade.

PLEASE EXPLAIN, IN YOUR OWN WORDS, why you want to work for the City of Belle Glade, in what position, and what qualifications you feel you have, or other reasons you feel should be considered.

STOP!

1. Did you attach a copy of your driving history, if required? yes no
2. Did you attach a copy of your HS Diploma/GED, Transcript, Degree or Applicable Training Certifications, if required? yes no

*****READ CAREFULLY AND INITIAL*****

_____ **I UNDERSTAND** that this application will only be considered “active” for 30 calendar days from the date of application. If I have not obtained employment with the City of Belle Glade within 30 days and remain interested in obtaining employment with the City of Belle Glade, I understand that I must complete a new application/notify the City in writing of the desire for my application to be considered for an additional 30 days.

_____ **I ALSO UNDERSTAND** that all statements made on this employment application may be checked by the City of Belle Glade, and I authorize such prior employers to answer any and all questions regarding my prior employment. I hereby indemnify the City of Belle Glade and each of my prior employers and hold them harmless from any claims arising from such authorization.

_____ **I UNDERSTAND** further that any misstatements or omissions in this application may result in a decision not to hire, or discharge if discovered at any time after hired.

_____ **IF EMPLOYED, I AGREE** to conform to the rules and regulations of the City of Belle Glade.

_____ **I ACKNOWLEDGE** and **AGREE** that any time I am subject to any type of discrimination or harassment, I will contact The City of Belle Glade’s Human Resources Director or the City of Belle Glade City Manager immediately to obtain assistance in the resolution of such matters.

_____ **I FURTHER ACKNOWLEDGE** and **AGREE** that upon receiving an offer of employment, I will be required to submit proof of authorization to work in the United States and that I may be required to submit other documentation necessary for any background checks required for the position for which I have applied. **I UNDERSTAND** that any offer of employment is conditional upon verification of authorization to work in the United States and upon a successful background check for certain positions.

_____ **I ACKNOWLEDGE** and **AGREE** that if the position for which I have applied is one that is considered safety-sensitive or special-risk position, I must submit to, and successfully complete, a drug test in compliance with the City’s Drug Free Workplace Policy as a condition of employment.

I HEREBY REPRESENT AND WARRANT that I have read or had the above statements read to me and fully understand the foregoing. I further state that I would like to continue the process to seek employment under the above stated guidelines of the City’s conditions of my own free will and in accordance with my own judgement.

Applicant’s Signature

Date

Witness

Date