

THE TOWN of MELBOURNE BEACH IS  
AN EQUAL OPPORTUNITY & EQUAL  
ACCESS/VETERAN'S  
PREFERENCE EMPLOYER  
DRUGFREE WORKPLACE

## TOWN OF MELBOURNE BEACH

507 Ocean Avenue  
Melbourne Beach, FL 32951  
321 724-5860 FAX 321 984-8994  
e-mail [townhall@melbournebeachfl.org](mailto:townhall@melbournebeachfl.org)

# EMPLOYMENT APPLICATION

This application must be completed in its entirety, and evidence of your meeting the minimum qualifications for the position clearly stated on the application in order for you to be considered for employment by the Town. Information contained in a resume or other attachments will not be accepted in lieu of your completing this application. Failure to complete the application in its entirety or to sign the application may result in your application not being given further consideration. Additionally, a screening committee may elect not to utilize supplemental materials submitted, but to consider applicants based solely on information contained in the application. Please type or print in ink.

All applicants will receive full consideration without unlawful discrimination on any basis including but not limited to: age, color, sex/sexual orientation, religion, national origin, race, political affiliation, marital status, or physical or mental disability.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Last First MI

ADDRESS: \_\_\_\_\_

Street Apt. #

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_

Applications are kept on file for a period of one year.

POSITION OF INTEREST: \_\_\_\_\_  Full-time  Part-time

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**CITIZENSHIP:** The Immigration and Control Act of 1986 makes it illegal for employers to knowingly hire any unauthorized or illegal alien. Therefore, employers, must verify the employment eligibility of all applicants hired. Applications selected for hire must show an employer documentation to establish United States citizenship or that they are a legal permanent resident alien or an alien authorized to be employed in the United States. This documentation is required on the date of hire.

ARE YOU ONE OF THE FOLLOWING?  U.S. Citizen  Lawful Permanent Resident  Refugee  Temporary Resident

If not, what is the basis of your employment authorization? \_\_\_\_\_

# EDUCATION

NAME & ADDRESS OF HIGH SCHOOL: \_\_\_\_\_

RECEIVED:  Diploma  Certificate of Completion  
 GED   Other \_\_\_\_\_  
 None, highest grade completed \_\_\_\_\_

YOUR NAME WHILE ATTENDING HIGH SCHOOL: \_\_\_\_\_

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)

YOUR NAME WHILE ATTENDING COLLEGE/BUSINESS SCHOOL: \_\_\_\_\_

| FACILITY NAME | CITY, STATE | Dates (Mo/Yr) |    | Credit Hours Earned |          | Major/Minor Course of Study | Did you Graduate? | Type of Certificate/Diploma Received |
|---------------|-------------|---------------|----|---------------------|----------|-----------------------------|-------------------|--------------------------------------|
|               |             | From          | To | Quarter             | Semester |                             |                   |                                      |
|               |             |               |    |                     |          |                             |                   |                                      |
|               |             |               |    |                     |          |                             |                   |                                      |
|               |             |               |    |                     |          |                             |                   |                                      |
|               |             |               |    |                     |          |                             |                   |                                      |
|               |             |               |    |                     |          |                             |                   |                                      |
|               |             |               |    |                     |          |                             |                   |                                      |

## BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL, MILITARY, OR VOCATIONAL SCHOOL

| FACILITY NAME | CITY, STATE | Dates (Mo/Yr) |    | Hours Earned |       | Major/Minor Course of Study | Did you Graduate? | Type of Certificate/Diploma Received |
|---------------|-------------|---------------|----|--------------|-------|-----------------------------|-------------------|--------------------------------------|
|               |             | From          | To | Credit       | Clock |                             |                   |                                      |
|               |             |               |    |              |       |                             |                   |                                      |
|               |             |               |    |              |       |                             |                   |                                      |
|               |             |               |    |              |       |                             |                   |                                      |
|               |             |               |    |              |       |                             |                   |                                      |
|               |             |               |    |              |       |                             |                   |                                      |
|               |             |               |    |              |       |                             |                   |                                      |

YOUR NAME WHILE ATTENDING SCHOOL: \_\_\_\_\_

**LICENSE, REGISTRATION, CERTIFICATION:** Indicate professional or occupational licensure, registration, or certification you currently hold. **If licensure or certification is required for a position, a copy must accompany this application.**

| License, Registration, or Certification | License, Registration, or Certification Number | Date Received | Expiration Date |
|---|--|---------------|-----------------|
|   |  |               |                 |
|   |  |               |                 |
|   |  |               |                 |

**SKILLS:** List other skills you possess and believe to be relevant to the position you seek. (Approved agency test scores may be required.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



3. Name of Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
Month Day Year  
TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ ANNUAL SALARY OR HOURLY RATE \_\_\_\_/\_\_\_\_  
Month Day Year Starting Ending  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your name while employed in this job if different from the application: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

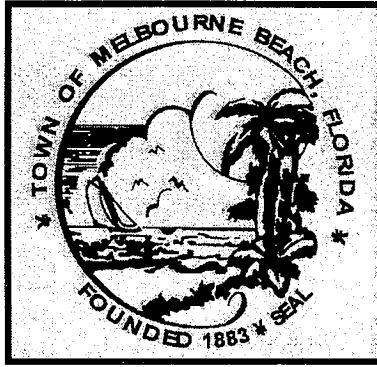
4. Name of Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
Month Day Year  
TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ ANNUAL SALARY OR HOURLY RATE \_\_\_\_/\_\_\_\_  
Month Day Year Starting Ending  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your name while employed in this job if different from the application: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

5. Name of Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
Month Day Year  
TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ ANNUAL SALARY OR HOURLY RATE \_\_\_\_/\_\_\_\_  
Month Day Year Starting Ending  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your name while employed in this job if different from the application: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

6 Name of Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
Month Day Year  
TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ ANNUAL SALARY OR HOURLY RATE \_\_\_\_/\_\_\_\_  
Month Day Year Starting Ending  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your name while employed in this job if different from the application: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

7 Name of Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
Month Day Year  
TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ ANNUAL SALARY OR HOURLY RATE \_\_\_\_/\_\_\_\_  
Month Day Year Starting Ending  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your name while employed in this job if different from the application: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

8 Name of Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
Month Day Year  
TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ ANNUAL SALARY OR HOURLY RATE \_\_\_\_/\_\_\_\_  
Month Day Year Starting Ending  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Your name while employed in this job if different from the application: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_



## VETERAN'S PREFERENCE APPLICATION FORM

If veteran's preference does not apply to you, please initial here: \_\_\_\_\_

Veteran's Preference will be given to **Florida residents** who are eligible veterans and spouses of veterans in initial appointment.

Chapter 295.085 of the Florida Statutes provides an appointment to applicants who **possess the minimum qualifications** necessary to discharge the duties of the position held.

Chapter 295.07 of the Florida Statutes and Florida Administrative Code Chapter 55A-7.008 provides preference in appointment to persons who qualify for any of the following categories:

- 1) Disabled veterans who have served on active duty in any branch of the Armed Forces, and who
  - a) Have a presently existing service-connected disability which is compensable under public laws administered by the VA; or
  - b) Are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the VA and the Department of Defense.
- 2) The spouse of any person:
  - a) Who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
  - b) Who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power.
- 3) A wartime veteran as defined in Section 55A-7.003(12) of the Florida Administrative Code.
- 4) The unmarried widow or widower of a veteran who died of a service-connected disability.

Under Florida law, if an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 32731. A complaint must be filed within 21 days of the receipt of the applicant's notice of the hiring decision made by the employing agency or within three months of the date of the application is filed with the employer if no notice is given.

I \_\_\_\_\_ served in \_\_\_\_\_  
Name (printed) Social Security Number Branch of Service

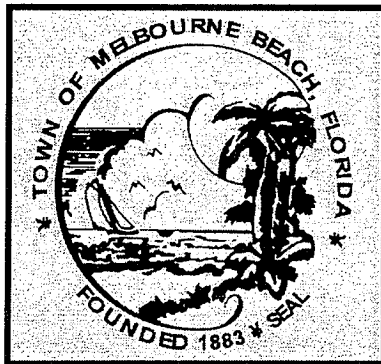
from \_\_\_\_\_ to \_\_\_\_\_ and received \_\_\_\_\_  
Entry Date Discharge Date Type of Discharge

\_\_\_\_\_ I hereby request veteran's preference consideration for the position I have applied and confirm that since my date of discharge, I have not been employed by a covered Florida employer, which would have expired my veteran's preference.

\_\_\_\_\_ I understand that proper documentation (**DD-214 or equivalent certification from the VA**) must be submitted prior to the deadline along with the other required documentations

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# TOWN OF MELBOURNE BEACH

**ALL APPLICANTS:**

**READ, SIGN, AND ATTACH TO APPLICATION**

I understand that, if selected and approved for employment by the Town of Melbourne Beach, I may not begin work or be eligible to earn compensation until employment processing is completed in person.

I also reaffirm that I have read and understand the CERTIFICATIONS section of the **Town of Melbourne Beach Application and Personnel Record** and further understand that no official other than the Town Manager has authority to enter into any agreement concerning conditions of my employment and compensation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OTHER INFORMATION:** (Please circle your response.)

1. DO YOU POSSESS A VALID DRIVER'S LICENSE? If yes, give State \_\_\_\_\_ Driver's License # \_\_\_\_\_ YES NO
2. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO  
If yes, please explain: \_\_\_\_\_
3. TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING FOR THE TOWN? YES NO  
If yes, name(s) of relative(s): \_\_\_\_\_
4. IF YOU ARE RECOMMENDED, WHAT IS THE EARLIEST DATE YOU WILL BE AVAILABLE? \_\_\_\_\_
5. HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF MELBOURNE BEACH? YES NO  
If yes, what department and when: \_\_\_\_\_
6. a) Have you ever been convicted of a felony or misdemeanor? YES NO
- b) Have you ever pled nolo contendere and/or pled guilty to a crime that is a felony or misdemeanor? YES NO
- c) Have you ever had adjudication of guilt withheld to a crime that is a felony or misdemeanor? YES NO
- d) Have you ever been or are you currently on probation? YES NO

If you have answered "yes" to any questions 6 a) through d) please provide: state(s), date(s), and explanation.

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

NOTE: A "yes" answer to any portion of question 6 will not automatically preclude you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered. The Town routinely checks backgrounds to verify the information provided. Misleading, incomplete, or false

**CERTIFICATIONS**

**DRUG POLICY:** I understand that any Town employee who is convicted for a drug-related offense, while in attendance at any Town-sponsored event, or while conducting Town business, will be sanctioned up to & including suspension or termination from Town employment.

I certify that:

I will not possess, sell, purchase, deliver, use, manufacture, or distribute illegal drugs or controlled substances while present on any Melbourne Beach Town property, while in attendance at any Town-sponsored event, or while conducting Town business. I will notify the Town within five (5) days of any conviction for any offense relating to the possession, sale, use, purchase, delivery, manufacture, or distribution of illegal drugs or controlled substances.

**EMPLOYMENT:** I understand that as a condition of employment I must be able to perform my job and that the Town will provide reasonable accommodation to enable me to fulfill my responsibilities. **I will submit documentation to verify my identity and/or right to work at the time of hire.** Acceptable forms of documentation include (but are not limited to): social security card, birth certificate, driver's license or comparable picture ID for proof of citizenship, and/or documents that establish alien identity & employment eligibility. I further understand that my position with the Town is temporary during the probationary period established. My employment may be ended before the expiration of that period for any reason without recourse. I understand that I must take & pass a drug and/or alcohol screening exam that will be given. Any illegal substances, controlled or otherwise, which are confirmed by the exam may cause my immediate disqualification for employment with the Town.

**Statement of Applicant:** I authorize my former employers to furnish their records of my service. This includes all information they may have concerning me. I also release them from any liability for any damage in providing this information.

In consideration of my employment, I agree to conform to the Rules, Policies, & Procedures of the Town. **I understand that my employment & compensation may be terminated with or without cause and with or without notice.** If employed by the Town of Melbourne Beach, I will report any outside employment to my Supervisor and the Town Manager's office in writing.

I am aware that any **omissions, falsifications, misstatements, or misrepresentations** may disqualify me for employment consideration &, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability & fitness for Town employment by employers, schools, law enforcement agencies, & other individuals & organizations to investigators, personnel staff, & other authorized employees of the Town or state government for employment purposes. I understand that applications submitted for Town employment are public record. I certify that to the best of my knowledge & belief, all of the statements contained herein & on any attachments are **true, correct, complete, & made in good faith.**

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

**APPLICANTS DO NOT WRITE BELOW:**

Recommending Official and approval:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_