City of Vero Beach

1053 20th Place
VERO BEACH, FLORIDA 32961-1389
Telephone: (772) 978-4900 Fax: (772) 978-4915

From the Office of the Director of Human Resources

To: All Applicants

From: Gabrielle Manus
Director, Human Resources

Subject: Collection of Personal Information

As part of the application process, it may be necessary for us to conduct a background investigation or credit report on you. For these reasons you will be required to provide your social security number on your application. Please be advised, that your social security number will be used solely for the purposes listed above.

This is also to inform you that your social security number is exempt from Florida's public records laws and will not be furnished to anyone, unless properly subpoenaed by a court of law.

We hope you understand why we may need to know your social security number and how it will be used and protected. If you have any questions or concerns about the use of your social security number, please call Human Resources at 772 978-4900.

CITY OF VERO BEACH

Department of Human Resources

1053 20th Place P.O. Box 1389 Vero Beach, FL 32961

772 978-4900 www.covb.org

EQUAL OPPORTUNITY EMPLOYER

DRUG-FREE WORKPLACE

APPLICATION FOR EMPLOYMENT

APPLICATIONS ACCEPTED ONLY FOR OPEN ADVERTISED POSITIONS

Position Applied For:	Date:

PERSONAL

Name Last	First	Middle	
Mailing Address:	City	State	Zipcode
Home Telephone	Cell	E-mail address	

Do you have a valid Driver's License? Yes ☐ No ☐ (If required by position) Operators ☐ CDL ☐ Class _____

Have you ever been convicted of any offense against the law, or pleaded guilty, nolo contendere (no contest), or had adjudication withheld, or entered a court sponsored program, or forfeited collateral, or are you now under charges for any offense against the law? You may omit: (1) Traffic Violations, (2) Parking Violations; and (3) any offense committed before your 18th birthday which was finally adjudicated in a Juvenile Court or under a Youth Offender law?
Yes ☐ No ☐

If you were in the military service, were you ever convicted by a general court-martial? Yes ☐ No ☐

If you answered "Yes", give details below. Show for each offense (1) Date of conviction, (2) type of crime, (3) place, (4) court, and (5) penalty imposed. NOTE: A conviction does not automatically disqualify an applicant from employment. Please continue on separate paper if necessary.

Are you a previous employee of the City of Vero Beach? Yes ☐ No ☐ If yes, please give dates: From_____To _____
List the name under which you were employed.

Are you related to anyone working at the City of Vero Beach? Yes ☐ No ☐ If yes, give:
Name: _____ Relationship: _____

If you are eligible for veteran's preference, please provide form DD-214.

List any special skills, software or abilities that would qualify you for this position. **Please submit copies of any valid professional or occupational licensure(s), registration(s) or membership(s) relevant to the position. For example: Florida Certificate in Water/Wastewater Treatment; Florida Professional Engineering Registration; Lifeguard Certification, etc.**

EDUCATION

	NAME	LOCATION	MAJOR DEGREE	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
GRADUATE				
VOCATIONAL OTHER/TRAINING CERTIFICATES				

EMPLOYMENT HISTORY

List below all employment during the past 10 years, including military service beginning with your most recent and any other job where your experience might be relevant. All spaces must be completed for consideration. Addresses and phone numbers of previous employers must be included. Resumes are welcomed but only as an addition to, not a substitute for this application. Incomplete applications will not be considered.

Name and address of most recent employer	JobTitle	From: Month/Year	To: Month/Year	Salary $_____ Hrs Worked Per Week _____
	May we contact this employer? Yes ☐		No ☐	Later ☐
	Description of Duties			
Telephone:				
Supervisor:				
Reason for Leaving:				

Name and address of employer	JobTitle	From: Month/Year	To: Month/Year	Salary $_____ Hrs Worked Per Week _____
	May we contact this employer? Yes ☐		No ☐	Later ☐
	Description of Duties			
Telephone:				
Supervisor:				
Reason for Leaving:				

Name and address of employer	JobTitle	From: Month/Year	To: Month/Year	Salary $_____ Hrs Worked Per Week _____
	May we contact this employer? Yes ☐		No ☐	Later ☐
	Description of Duties			
Telephone:				
Supervisor:				
Reason for Leaving:				

Name and address of employer	JobTitle	From: Month/Year	To: Month/Year	Salary $_____ Hrs Worked Per Week _____
	May we contact this employer? Yes ☐		No ☐	Later ☐
	Description of Duties			
Telephone:				
Supervisor:				
Reason for Leaving:				

List any and all gaps in employment history.
For job verification purposes, list any other names under which you have been employed.

APPLICANT'S CERTIFICATION AND AGREEMENT:

CERTIFICATION: I certify that answers given herein are true to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application; interview(s) or any part of the employment process may result in my discharge. I understand that if offered employment with the City of Vero Beach, I will be required to provide proof of eligibility to work in the United States and will be required to abide by all City of Vero Beach rules and regulations.

AGREEMENTS:

I am furnishing my Social Security Number on a voluntary basis with the understanding that law or regulation does not require such. I have been advised that the City of Vero Beach will utilize this number only to facilitate the location of my records in order to conduct background investigations and, if required, credit reports.

PROBATION PERIOD – I understand that my position with the City of Vero Beach is temporary during the probationary period established. My employment may be ended before the expiration of that period for any lawful reason without recourse.

PHYSICAL EXAMINATION – I understand that if I am offered employment with the City of Vero Beach, that such offer is conditional and contingent upon a pre-employment physical and drug screening examination in conformance with applicable law. I agree to undergo such physical examination, if required, and authorize the examining physician to render to the Human Resources Department the results of the examination. I further understand that any false statement or misrepresentation by me to the medical persons conducting the screening for the City of Vero Beach or on any of the medical history forms, or failure to complete or pass any applicable drug screening, will be sufficient cause for cancellation of the conditional job offer or dismissal from the City of Vero Beach's employment, if I have been employed.

DRUG FREE WORKPLACE: - I understand and agree that the City of Vero Beach is a drug free workplace. The City of Vero Beach may conduct drug screenings pursuant to law, such as for applicants for certain positions, routine fitness for duty testing, reasonable suspicion testing, post accident and injury testing, department of transportation random testing, non department of transportation random testing, follow-up testing and return to duty testing.

PUBLIC RECORD: - I understand and agree that the City of Vero Beach is a public entity and as such that this application and any pre-employment background investigation that is done are public record in accordance with Chapter 119 of the Florida Statutes.

Disclosure Statement: By this document, the City of Vero Beach discloses to you that various reports may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. I understand that these reports will not be used for any purpose other than employment. Please sign below to signify acknowledgment of this disclosure and authorization for the City of Vero Beach to request copies of such reports.

Upon termination of employment, I understand the City may hold my final paycheck until a final accounting is made for any City of Vero Beach property in my custody, or any monies owed the City of Vero Beach.

Applicants needing accommodations to complete this application should contact Human Resources at 772-978-4900.

_____ _____

Signature **Date**

Thank you for your interest in the City of Vero Beach. Because of the volume of applications we receive each day, we are unable to contact applicants unless they are selected for interviews

VISIT OUR WEBSITE FOR AVAILABLE OPENINGS: www.covb.org

AccuScreen.com
410 S. Ware Blvd., Suite 607 · Tampa, FL 33619 · (800) 689-2228 · FAX (813) 831-1839

Applicant Authorization And Consent For Release Of Information

I. In connection with my application for employment or continued employment, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving records, criminal court records, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. All Records will be kept Confidential by AccuScreen; but because the City of Vero Beach is a public entity in the State of Florida, once the results are released to the City, some results are Public Record in accordance with Chapter 119 of the Florida Statutes.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: If you want a free copy of the report(s) ordered, check this box ☐. The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: AccuScreen.com, 410 S. Ware Blvd., Ste 607 Tampa, FL 33619

V. I hereby authorize the background verification, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AccuScreen.com or its agent, to furnish the information described in Section I.

VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by any previous employer to AccuScreen.com. This release is in accordance with DOT Regulation 49CFR Part 40, Section 40.25. I understand that the information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking criminal court records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

NAME (PRINTED OR TYPED) _____ SIGNATURE _____

FORMER NAME AND/OR OTHER NAMES _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____ STATE _____ GENDER M( ) F( )

NAME THAT YOUR DRIVERS LICENSE IS UNDER _____ MAY WE CONTACT YOUR PRESENT EMPLOYER YES( ) NO( )

HOME TELEPHONE NUMBER _____ TODAY'S DATE _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE COUNTY HOW LONG _____

FORMER ADDRESS _____ CITY _____ STATE _____ ZIP CODE COUNTY HOW LONG _____

FORMER ADDRESS _____ CITY _____ STATE _____ ZIP CODE COUNTY HOW LONG _____

PLEASE LIST BELOW ALL OTHER CITIES AND STATES THAT YOU HAVE RESIDED IN, IN THE PAST 7 YEARS:

_____

_____

CITY OF VERO BEACH
APPLICANT DATA RECORD

Please complete this form and submit it with your application. The form will be detached from your application and will be kept separate and confidential. This information is required by the Federal Government and is being gathered for statistical purposes. To further our commitment to equal employment opportunities for all candidates, we request that you provide the information in the boxes below. Your cooperation is essential to our research and evaluation efforts. The information will not be used in any way to make any employment decision which affects you.

NAME: _____ **DATE:** _____

Position Applied For: _____
(as listed on job posting)

Gender: (Check one) ☐ Male ☐ Female **Date of Birth:** _____

Race / Ethnic Groups: (Check one of the following)

☐ White ☐ Black ☐ Hispanic ☐ American Indian / Alaskan Native

☐ Asian / Pacific Islander ☐ Other _____
(specify)

Veteran's Preferences: (Check any of these only if they apply to you)

☐ Vietnam Era Veteran ☐ Wife of a Veteran