



**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED →	GRADE / HIGH SCHOOL 5 6 7 8 9 10 11 12	COLLEGE / UNIVERSITY 1 2 3 4	GRADUATE SCHOOL 1 2 3 4
SCHOOL NAME / CITY AND STATE			DEGREE OBTAINED (HS DIPLOMA/GED, BA, BS, MA)
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
GRADUATE SCHOOL			
OTHER / GED			

NOTE: PROOF OF DEGREES AWARDED MAY BE REQUIRED - YOU MAY ATTACH A COPY TO THE APPLICATION.

**EMPLOYMENT HISTORY (THIS SECTION MUST BE FULLY COMPLETED, EVEN IF SUBMITTING A RESUME)**

**INSTRUCTIONS:** BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST **ALL** FULL AND PART-TIME EMPLOYMENT FOR THE **LAST (10) TEN YEARS** AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. **USE ADDITIONAL SHEETS IF NECESSARY.** A RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTED IN PLACE OF THIS INFORMATION. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER. PLEASE ANSWER QUESTIONS BELOW IN FULL. USE SEPARATE SHEET IF NEEDED.

- > **MAY THE VILLAGE OF BISCAYNE PARK CONTACT YOUR PRESENT EMPLOYER?**  YES  NO
- > **WERE YOU EVER TERMINATED OR ASKED OR FORCED TO RESIGN FROM A JOB?**  YES  NO

If yes, please explain on a separate piece of paper giving the name and address of the employer, dates and the reason in each case. Include your signature and date on the separate sheet of paper.

**PRESENT / MOST RECENT EMPLOYER NAME:** \_\_\_\_\_

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

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**STARTING SALARY: \$** \_\_\_\_\_ **ENDING SALARY: \$** \_\_\_\_\_

**DUTIES and RESPONSIBILITIES:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

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

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**STARTING SALARY: \$** \_\_\_\_\_ **ENDING SALARY: \$** \_\_\_\_\_

**DUTIES and RESPONSIBILITIES:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

EMPLOYMENT HISTORY CONTINUED - See Instructions on Page 2

EMPLOYER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY: \$ \_\_\_\_\_  
DUTIES and RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY: \$ \_\_\_\_\_  
DUTIES and RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY: \$ \_\_\_\_\_  
DUTIES and RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER SKILLS, ABILITIES, TRAINING (Use additional sheet if necessary.)**

LIST ANY LICENSES, CERTIFICATES, OR TRAINING, INCLUDING KNOWLEDGE OF SOFTWARE (COMPUTER) PROGRAMS WHICH YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB:

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE THAT MAY BE HELPFUL IN DOING THIS JOB:

LIST MEMBERSHIPS IN ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION WHICH ARE APPLICABLE TO THIS JOB:

INDICATE ANY KNOWLEDGE, SKILLS AND ABILITIES PERTINENT TO THIS POSITION WHICH HAVE NOT BEEN COVERED IN ANOTHER SECTION:

**LANGUAGES**

INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE:

ENGLISH:  SPEAK  READ  WRITE  
SPANISH:  SPEAK  READ  WRITE  
:  SPEAK  READ  WRITE

**BACKGROUND INFORMATION:**

HAVE YOU EVER BEEN CONVICTED, PLED NOLO CONTENDERE (NO CONTEST), PLED GUILTY, OR HAD ADJUNCTION WITHHELD FOR ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATION?  YES  NO

IF YES, PROVIDE THE DETAILS BELOW, INCLUDING FINES, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY): Attach separate sheet if necessary.

DATE	OFFENSE/CHARGE	NAME / LOCATION OF COURT	DISPOSITION / SENTENCE

**NOTE:** A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON CONVICTIONS, WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL, OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

HAVE YOU EVERY BEEN REFUSED A SURETY BOND?  YES  NO WHEN: \_\_\_\_\_

HAVE YOU EVER BEEN NAMED IN A CHARGE OF DISCRIMINATION OR A LAW SUIT? IF SO, PLEASE GIVE DATE, EMPLOYER AND BRIEF STATEMENT OF WHAT THE COMPLAINTS WERE ON A SEPARATE SHEET OF PAPER.

(NOTE: THIS WILL NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION)  YES  NO

**DRIVING AND TRAFFIC RECORD (NOTE: Complete this section if the position you are applying for requires a valid drivers license. If unsure, check the Village web site for the complete job description).**

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

DRIVERS LICENSE TYPE:  OPERATOR  CDL: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ CDL ENDORSEMENTS: \_\_\_\_\_

DO YOU CURRENTLY HAVE A VALID DRIVERS LICENSE?  YES  NO

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

**ADDITIONAL APPLICANT DATA**

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE VILLAGE OF BISCAYNE PAR?  YES  NO

IF YES, PROVIDE NAME AND RELATIONSHIP TO YOU: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF BISCAYNE PARK?  YES  NO

IF YES, COMPLETE THE FOLLOWING:

**DATES PREVIOUSLY EMPLOYED (FROM / TO):** \_\_\_\_\_

**POSITION and REASON FOR LEAVING:** \_\_\_\_\_

**REFERENCES**

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (DO NOT LIST RELATIVES OR EMPLOYERS)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

**MILITARY SERVICE**

HAVE YOU EVER SERVED IN THE U.S. MILITARY?  YES  NO

IF YES, BRANCH: \_\_\_\_\_

DATES OF ACTIVE DUTY (FROM / TO): \_\_\_\_\_

RANK: \_\_\_\_\_

OCCUPATIONAL SPECIALTY: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

**VETERANS' PREFERENCE**

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07?  YES  NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE VILLAGE OF BISCAYNE PARK AND ATTACH COPIES OF SUPPORTING DOCUMENTATION (DD214). DOCUMENTATION MUST BE SUBMITTED WITH THE APPLICATION.



**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 VILLAGE OF BISCAYNE PARK TO VERIFY ALL INFORMATION CONTAINED HEREIN AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE VILLAGE OF BISCAYNE PARK.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE VILLAGE OF BISCAYNE PARK ARE CONDITIONAL ON SUCCESSFUL COMPLETION OF A HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY A VILLAGE APPOINTED PHYSICIAN/FACILITY AND A PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN ALCOHOL/DRUG SCREEN FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE VILLAGE OF BISCAYNE PARK FOR THIS PURPOSE.

I ALSO UNDERSTAND THAT IN ACCORDANCE WITH FLORIDA STATUTES, EMPLOYMENT WITH THE VILLAGE OF BISCAYNE PARK IS "AT-WILL" AND AS SUCH, MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT NOTICE BY EITHER PARTY AT ANY TIME.

I UNDERSTAND THAT THE VILLAGE OF BISCAYNE PARK 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 FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE VILLAGE OF BISCAYNE PARK.**

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS OF THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE VILLAGE OF BISCAYNE PARK.

PRINT NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

**BEFORE SUBMITTING THIS APPLICATION PLEASE VERIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED, AND COPIES OF NECESSARY DOCUMENTATION ARE ATTACHED. PLEASE REFER TO INSTRUCTIONS ON PAGE ONE.**



**VILLAGE OF BISCAYNE PARK**

640 NE 114th Street  
Biscayne Park, FL 33161  
[www.biscayneparkfl.gov](http://www.biscayneparkfl.gov)

**Notice and Disclosure to Employment Applicant or Employee Regarding  
Procurement of a Consumer Report for Employment Purposes**

**AUTHORIZATION TO RELEASE INFORMATION**

PRINT NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

I HEREBY AUTHORIZE ANY AUTHORIZED REPRESENTATIVE OF THE VILLAGE OF BISCAYNE PARK BEARING THIS RELEASE OR COPY THEREOF, OR ANY OTHER AGENCY RETAINED BY THE VILLAGE OF BISCAYNE PARK TO CONDUCT BACKGROUND SCREENINGS, TO OBTAIN FROM ANY AGENCY OF THE GOVERNMENT OF THE UNITED STATES, AND/OR ANY OTHER AGENCY, PERSON, FIRM OR CORPORATION HOLDING RECORDS CONCERNING ME THAT ARE CONSIDERED CONFIDENTIAL, ANY AND ALL INFORMATION REQUESTED THAT INVOLVES ME IN ANY WAY, UPON REQUEST. INCLUDED IN THIS GRANT OF AUTHORITY IS MY PERMISSION TO FORMER EMPLOYERS AND OTHER PERSONS ACQUAINTED WITH ME OR IN POSSESSION OF INFORMATION CONCERNING ME TO SUPPLY SUCH INFORMATION TO THE VILLAGE OF BISCAYNE PARK. THIS FURTHER INCLUDES THE FURNISHING OF COPIES OF PERTINENT DOCUMENTS ABOUT MY BACKGROUND AS REQUIRED.

SUCH RECORDS MAY PERTAIN TO MY EMPLOYMENT RECORDS OR EDUCATIONAL RECORDS INCLUDING BUT NOT LIMITED TO ACHIEVEMENT, ATTENDANCE, PERSONAL HISTORY, AND DISCIPLINARY RECORDS, MEDICAL RECORDS, REASONS FOR TERMINATION OF EMPLOYMENT, REASON FOR DISCHARGE FROM MILITARY SERVICE, JOB PERFORMANCE, LOCAL AND NATIONAL CRIMINAL HISTORY, SEXUAL OFFENDER REGISTRY, ADDRESS VERIFICATION, SOCIAL SECURITY NUMBER VERIFICATION AND OTHER PERSONAL INFORMATION WHICH MAY NOT OTHERWISE BE OBTAINED WITHOUT ANY PRIOR AGREEMENT. I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE BEARER. THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION PROVIDED IS FOR THE OFFICIAL USE OF THE VILLAGE OF BISCAYNE PARK.

I HEREBY RELEASE YOU AS THE CUSTODIAN OF SUCH RECORDS AND AS AN EMPLOYER, EDUCATIONAL INSTITUTION, PHYSICIAN, HOSPITAL OR OTHER REPOSITORY OF MEDICAL RECORDS, OR CREDIT REPORTING AGENCY, OR ANY OTHER AGENCY OR ENTITY, AND INCLUDING ALL OF YOUR OFFICERS, EMPLOYEES, OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME TO ME, MY HEIRS, FAMILY, OR ASSOCIATES ARISING OUT OF COMPLIANCE WITH THIS AUTHORIZATION ANY REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## NOTICE UNDER FAIR CREDIT REPORTING ACT

### **Notice and Disclosure to Employment Applicant or Employee Regarding Procurement of a Consumer Credit Report for Employment Purposes**

AS AN APPLICANT OR EMPLOYEE OF THE VILLAGE OF BISCAYNE PARK, AT SOME POINT THE VILLAGE OF BISCAYNE PARK MAY PROCURE (OR CAUSE TO BE PROCURED) YOUR CONSUMER CREDIT REPORT FOR EMPLOYMENT PURPOSES. THIS CONSUMER CREDIT REPORT CANNOT BE OBTAINED WITHOUT YOUR CONSENT, WHICH YOUR SIGNATURE BELOW WILL INDICATE. YOU HAVE A RIGHT TO DECLINE THIS AUTHORIZATION, HOWEVER, IF YOU ARE AN APPLICANT, THE VILLAGE WILL NOT CONSIDER YOU FOR EMPLOYMENT.

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"I, \_\_\_\_\_, HEREBY AUTHORIZE THE VILLAGE OF BISCAYNE PARK TO PROCURE, OR CAUSE TO BE PROCURED, MY CONSUMER CREDIT REPORT FOR EMPLOYMENT PURPOSES."

\_\_\_\_\_  
APPLICANT / EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
POSITION APPLIED FOR