



**APPLICATION FOR EMPLOYMENT
NORTH MIAMI
COMMUNITY REDEVELOPMENT AGENCY
615 NE 124TH STREET
NORTH MIAMI, FLORIDA 33161
(305) 899-0272**

FOR OFFICE USE ONLY
RECEIVED BY: _____
DATE: ____/____/____
CC: _____

AA/EOE

TYPE OR PRINT CLEARLY IN INK. The application must be filled out accurately and completely. If an item does not apply, write N/A (not applicable) on the line. Resume should be used as a supplement only and not as a substitute for completing the required employment information. All statements are subject to verification. Exaggerated, false or misleading statements are cause for rejection. Submit any required or applicable documents, certificates and commendations to assist with evaluation of qualifications at time of application. Incomplete applications will not be processed. This application will only be effective sixty (60) days from the date signed. Non-solicited applications will not be retained. To be considered for employment after that date, a new application must be completed.

NAME	LAST NAME	FIRST NAME	MAIDEN AND MIDDLE NAME

PRESENT ADDRESS
 Street/Apartment Number _____
 City _____ State _____ Zip Code _____

PREVIOUS ADDRESS (if Present Address is less than 1 year)
 Street/Apartment Number _____
 City _____ State _____ Zip Code _____

MAILING ADDRESS (if different than Present Address)
 P.O. Box/Street _____
 City _____ State _____ Zip Code _____

HOME TELEPHONE NUMBER	OTHER TELEPHONE NUMBER
Area Code _____ Number _____	Area Code _____ Number _____
E-mail Address _____	

If under 18, please list age _____

Position applied for (1) _____ and salary desired (2) _____ (Be Specific)	Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
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How many hours can you work weekly? _____ Can you work nights? _____

Employment desired **FULL-TIME ONLY** **PART-TIME ONLY** **FULL- OR PART-TIME**

When available for work? _____

It is your responsibility to give the NMCRA written notification if you change your present address, mailing address or telephone number.

Are you legally authorized to work in the United States? Yes No

VETERAN'S PREFERENCE [DO YOU FOLLOW? YOU DO NOT HAVE TO GIVE PRIORITY]

According to Florida Statutes, certain applicants may be eligible for a veteran preference. Pursuant to Fla. Stat. Section 295.101, Veterans who have been previously employed by the State of Florida, or one of its Counties, Cities, etc. may be excluded from these Statutes. **POINTS WILL BE AWARDED ONLY IF SUPPORTING DOCUMENTATION IS PROVIDED AT THE TIME OF APPLICATION.** Acceptable documentation is a DD-214 and proof of disability dated within 12 months of the date of application (if claiming status as disabled veteran). You must also complete the City's Veteran's Employment Preference Form (available in the Personnel Administration Department).

Did you Serve in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your discharge honorable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you claim Veteran's Preference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you retired from the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you ever been employed by the State of Florida or one of its Counties, Cities, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL SUIT FOR AN INTENTIONAL TORT (assault, batter, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death, etc.)? Yes No

If yes, provide details: _____

COMPLETE IF REQUIRED FOR JOB APPLYING FOR:

DO YOU HAVE A DRIVER'S LICENSE? Yes No	
What is your means of transportation to work? _____	
Driver's license number _____	State of issue _____
Expiration date _____	
Have you had any accidents during the past three years?	How many? _____
Have you had any moving violations during the past three years?	How many? _____
COMPLETE IF FOR OFFICE POSITION	

Typing	Yes No	_____ WPM	10-key	Yes No	Word Processing	Yes No	_____ WPM
Personal Computer	Yes No	PC Mac	Other _____ Skills _____				

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

EMPLOYMENT RECORD

List all jobs held in the last **TEN** years, including self-employment. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position and work back. Be specific – all or part of your evaluation may depend on the information you provide. If additional space is needed, please complete a **supplementary experience sheet**. Record temporary or part-time work experience as such. Explain any gaps in employment (ex. attending school, unemployed, etc.)

This section must be completed. If you submit a resume, it does not substitute for this section. Incomplete applications will not be considered.

(1) Present or Most Recent Job						Employer: _____		
						Address: Street: _____		
From		To		Total Time		City: _____ State: _____ Zip Code: _____		
Month	Year	Month	Year	Years	Month s	Telephone: Area Code _____ Number _____		
						Job Title: _____		
						Supervisor's Name: _____ and Title: _____		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time						Reason for Leaving: _____		
Hours worked per week _____						Are you still working for this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Starting Salary \$ _____ per _____						May we contact this employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ending Salary \$ _____ per _____								
Specific Duties and Responsibilities: _____								

(2) Previous Job						Employer: _____		
						Address: Street: _____		
From		To		Total Time		City: _____ State: _____ Zip Code: _____		
Month	Year	Month	Year	Years	Month s	Telephone: Area Code _____ Number _____		
						Job Title: _____		
						Supervisor's Name: _____ and Title: _____		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time						Reason for Leaving: _____		
Hours worked per week _____						Are you still working for this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Starting Salary \$ _____ per _____						May we contact this employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ending Salary \$ _____ per _____								
Specific Duties and Responsibilities: _____								

(3) Previous Job						Employer: _____		
						Address: Street: _____		
From		To		Total Time		City: _____ State: _____ Zip Code: _____		
Month	Year	Month	Year	Years	Month s	Telephone: Area Code _____ Number _____		
						Job Title: _____		
						Supervisor's Name: _____ and Title: _____		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time						Reason for Leaving: _____		
Hours worked per week _____						Are you still working for this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Starting Salary \$ _____ per _____						May we contact this employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ending Salary \$ _____ per _____								
Specific Duties and Responsibilities: _____								

IF MORE SPACE REQUIRED, USE AN EMPLOYMENT RECORD SUPPLEMENTARY EXPERIENCE SHEET WHICH MAY BE OBTAINED FROM THE PERSONNEL ADMINISTRATION DEPARTMENT

Have you ever been involuntarily discharged (terminated or asked to resign) from a position? If so, explain the circumstances:

Please explain completely any gaps in your employment history: _____

Are you currently employed? Yes No

If so, why do you wish to leave your current employment? _____

May we contact your present employer? Yes No

Have you ever applied or worked for the NMCRA or City of North Miami? Yes No If yes, provide dates of employment and the Department you applied for or worked: _____

Are any relatives, friends or members of your household employed by the NMCRA or the City of North Miami? Yes No If yes, please provide the person(s) name, relationship and the employing department: _____

Have you signed any agreements or documents (e.g., non-compete or non-solicit restrictions) with any other employer or business that would restrict you from working for NMCRA? If so, please explain:
(you may be required to furnish a copy of the agreement)

EDUCATION AND SPECIAL TRAINING

Do you have a high school diploma or GED? Yes No

Name of High School _____ Location _____
(City, State)

LIST OF COLLEGES AND UNIVERSITIES ATTENDED:

Name and Location	Dates Attended	Did you Graduate?	Major/Minor	Credits Earned	Type of Degree or Certificate Received AA/BS/MS
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.):

Name and Location	Dates Attended	Total Months Completed	Courses Taken or Certificate Received
	From: _____ To: _____		
	From: _____ To: _____		
	From: _____ To: _____		

LIST ANY OFFICE AND/OR CONSTRUCTION EQUIPMENT APPLICABLE TO THIS POSITION WHICH YOU OPERATE SKILLFULLY (indicate type and model):

LIST ANY COMPUTER PROGRAMS AND/OR EQUIPMENT YOU OPERATE SKILLFULLY:

INDICATE ANY KNOWLEDGE, SKILLS AND ABILITIES PERTINENT TO THIS POSITION WHICH HAVE NOT BEEN COVERED IN OTHER SECTIONS, INCLUDING YOUR ABILITY TO SPEAK, WRITE AND/OR UNDERSTAND ANY LANGUAGE. PLEASE SPECIFY WHETHER YOU SPEAK AND/OR WRITE AND/OR UNDERSTAND THE LANGUAGE:

CHARACTER REFERENCES

List two (2) responsible persons who are in a position to vouch for your character. **FORMER EMPLOYERS AND RELATIVES ARE NOT ACCEPTABLE AS REFERENCES.**

(1) _____
Name Occupation Years Known

Address, City, State (____) Telephone Number

(2) _____
Name Occupation Years Known

Address, City, State (____) Telephone Number

EXEMPTION FROM RELEASE OF INFORMATION UNDER PUBLIC RECORDS LAW

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel (including correctional and correctional probation officers); DCFS (formerly HRS) investigative staff; certified firefighters; code enforcement officers; Supreme Court justices; district, appeal, circuit and county court judges; district and assistant district attorneys; statewide and assistant statewide prosecutors AND the spouses and children of any of the aforementioned.

Do you qualify for this exemption? Yes No

If yes, please indicate reason for exemption: _____

CRIMINAL CONVICTIONS

Have you ever been convicted, pled Nolo Contendere (no contest), pled guilty, prosecution deferred or had adjudication withheld for any violation of the law, other than minor traffic offenses? Yes No

If yes, give details and disposition:

<u>Date</u>	<u>Court</u>	<u>Location (City, State)</u>	<u>Offense</u>	<u>Disposition of Case</u>
_____	_____	_____	_____	_____

NOTE: A conviction does not mean you cannot be employed by the NMCRA. The nature of the offense, length of time that has passed, relationship to the job, etc. is given consideration. If you need additional space, please use a separate sheet of paper. Sign and date each additional sheet and submit with application.

CERTIFICATION BY APPLICANT – WAIVER OF CONFIDENTIALITY

IMPORTANT: Employment is subject to verification of an applicant's background. Subsequent to an offer of employment, you must pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's urine and have NOT been obtained or taken as directed by a valid prescription that will affect the candidate's ability to perform the functions and duties of the position for which the candidate applied, the candidate WILL NOT be given further consideration under the present announcement for this classification.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the NMCRA is true and correct. I understand that any incorrect, misrepresentations, omissions of facts, incomplete answers, incomplete, or false statement or information I have furnished in any application or accompanying resumes, letter of reference or other document may disqualify me from further consideration for employment.

I further understand that, if employed, any misrepresentations or omissions of facts in any application or accompanying resume, letter of reference or other document will be cause for my dismissal at any time without prior notice. I hereby authorize investigation of all statements contained in this application. I agree to immediately notify the NMCRA, during my period of employment, if hired, of any pending or future criminal convictions guilty pleas or no contest (nolo contendere) pleas. I understand that if employed, it is not for a definite period of time and that either the undersigned or the NMCRA may end the employment relationship at any time, without specified notice or reason.

I acknowledge that this application will remain active for 60 days from this date. If I have not heard from the NMCRA at the conclusion of this 60 day period, if I still wish to be considered for employment by the NMCRA, it is my responsibility to compete a new application. If hired, I understand that this application becomes part of my official employment record.

Signature: _____
Print Name: _____
Date: _____

EQUAL EMPLOYMENT OPPORTUNITY POLICY

The NMCRA is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, marital status, disability or other classification protected by law. We assure you that your opportunity for employment with the NMCRA depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

(Rev. 05/02, Rev. 09/04, Rev. 08/06, 12/06)

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

APPLICATION FORM WAIVER/RELEASE

At-will. I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, if any, policy statements, and the like as they may exist from time to time, or other NMCRA practices, shall serve to create an actual or implied contract of employment for a definite term, or to confer any right to remain an employee of the NMCRA, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the NMCRA. Both the undersigned and the NMCRA may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the NMCRA may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

_____ Initials

Application Disclosure and Release. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is grounds for dismissal at any time without any previous notice. I hereby give the NMCRA permission to contact schools, previous employers (unless otherwise indicated), references, and others with relevant information (excluding any medical information except post-offer) that may be useful to the NMCRA in making a hiring decision and hereby release the NMCRA and such persons and organizations from any liability as a result of such contact. If employed, I also grant permission for the NMCRA to release information concerning my employment to prospective employers and, I release the NMCRA from any legal liability in releasing any information.

_____ Initials

Drug Testing and Consent. I also understand that the NMCRA has a drug and alcohol policy that (1) allows for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of any required testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

_____ Initials

Post Offer Medical Information and Release. I authorize the NMCRA to obtain (post offer) a report containing medical information about me from a consumer reporting agency to be used for employment purposes. I understand that if I am given a conditional offer of employment, I may be required to accurately and truthfully complete a post offer medical questionnaire and/or undergo a physical examination, including a drug screening exam and x-rays, and I consent to the release to the NMCRA of any and all medical information, as may be requested or required by the NMCRA in judging my capability to do the work for which I am applying. I understand that if required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in a separate file.

_____ Initials

Probationary Period. I further understand that my employment with the NMCRA shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment with the NMCRA is terminable at will for any reason by either party.

_____ Initials

Signature of applicant _____ Date: _____

Printed Name: _____

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ Full-time Part-time

Applicant=s signature acknowledging above information obtained? _____

Name of person verifying information _____

Name of person authorizing employment _____