City of Cocoa Beach

P.O. Box 322430, Cocoa Beach, FL 32932-2430
Phone: (321) 868-3272 or FAX (321) 868-3226

Employment Application

The City of Cocoa Beach is an equal opportunity employer, maintains a drug-free workplace and complies with Affirmative Action and ADA guidelines. In order to receive consideration for employment with the City, the application must be completed in full, signed and dated. Please type or print in a legible manner. Answer all questions, indicating "none" where applicable. Applications remain on active status for six (6) months from date of application.

Personal Information

Last Name	First Name	Middle	Maiden or Other Last Names Used

Present Street Address	City	State	Zip

Home Phone #	Business Phone #	Cell Phone #	Driver's License #	D/L State

Email Address	Are You Age 18 or older?	Are You a U.S. Citizen?	Brevard County Resident for how long?
	YES NO	YES NO	

Hiring Information

Position Desired	Desire Full or Part Time?	Date Available	Requested Work Hours	Salary Requirements
				$ per

Can you perform the essential functions of the position for which you are applying with reasonable accommodations? YES ☐ NO ☐

Specify any accommodations required:

Previously employed with the City? If yes, Job Title	From (Mo/Yr)	To (Mo/Yr)	Name any Relatives employed by the City – Relationship

Training and Education

High School Name	City	State	Did you graduate?

Colleges attended	Location (City/State)	Dates attended	Major	Degree Obtained

Job related licenses or certificates	Date Issued	Is it current/up-to-date?	Licensing or certification agency

Job related skills: (Circle) those that apply

Word Processing software	Accounts Receivable	Commercial driver's license	Electrical	Manual Labor
Spreadsheet programs	Bookkeeping	Light equipment operation	Plumbing	Machinist
Database programs	Purchasing	Heavy equipment operation	Roadway paving/repair	Stormwater/sewer
Date entry/CRT	Payroll	Equipment maintenance	Building code/inspector	Irrigation
Typing _____WPM	Cashier	Equipment repair	Surveying	Recreation programs
Ten Key	Budgeting	Landscaping/grounds maintenance	Zoning	Food Service
Accounts Payable	Switchboard/Receptionist	Carpentry/Construction	Blueprint/Drafting/CAD	Janitorial

Employment History

Start with present or most recent employer – must include all full-time and part-time employment.

Employer Name | Phone

Address | City | State | Zip

Dates of Employment ~ From: | To: | Starting Salary: | Ending Salary:

Job Title | Supervisor's name | Reason for Leaving

Describe main duties

Employer Name | Phone

Address | City | State | Zip

Dates of Employment ~ From: | To: | Starting Salary: | Ending Salary:

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Address | City | State | Zip

Dates of Employment ~ From: | To: | Starting Salary: | Ending Salary:

Job Title | Supervisor's name | Reason for Leaving

Describe main duties

Explain any gaps in employment history:

Are there any employers above that you don't want us to contact? | Don't contact (employer name) | Reason

Background Information

Have you ever applied for and been refused a bond? YES ☐ NO ☐ Initials_____
If you answered "YES", please provide details:

Have you ever been convicted of a felony or a First Degree Misdemeanor? YES ☐ NO ☐ Initials_____
If "YES", what charges?

Where convicted? Date of Conviction:

Have you ever pled nolo contendere or plead guilty to a crime which is a Felony or a First Degree Misdemeanor? YES ☐ NO ☐ Initials_____
If "YES", what charges?

Where? Date of Charge:

Have you ever had the adjudication of guilt withheld for a crime which is a Felony or a First Degree Misdemeanor? YES ☐ NO ☐ Initials_____
If "YES", what charges?

Where? Date of charge:

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Additional job-related Information

Comment on any additional skills, experience or accomplishments that relate to the position for which you are applying.
Some examples are skills with machinery or equipment, writing or public speaking experience, membership in professional organizations, etc.

_____

_____

_____

_____

_____

_____

_____

References: (People who know of your qualifications and fitness for the position – no relatives or supervisors)

Name	Address	Phone

Use the space below to provide additional information or explanations that relate to the position for which you are applying.

Please read the following statement carefully before signing application.

I understand and agree that as a condition of employment with the City or through an agency contracted by the City, I must submit to a pre-employment drug screening and physical and meet the medical requirements of the position for which I am applying.

If required, I agree to furnish proof of citizenship and/or birth certificate, and to submit the following documents at the time of hire: social security card and drivers' license.

I authorize the City to conduct a background investigation for the purpose of obtaining information concerning my abilities and desirability as a prospective employee. In connection with this investigation, I authorize any former employers to release to the City, without liability, any information relevant to my past performance as their employee. Further, I authorize any past employer to release to the City such employment information that might be required in order for the City to make a decision with respect to any matter pertaining to my status as an employee of the City.

I agree that the Personnel Department may release my medical records to other employees, agents or persons who have a need for such information in connection with decisions related to my employment.

I understand that, depending on the position applied for, the City may need to obtain my current credit status and my past credit history.

I understand that the City of Cocoa Beach maintains a drug-free workplace and may require drug-screenings after certain incidents or on a random basis.

If selected for employment, I understand that employment may be terminated at any time, for any reason, with or without notice or cause, by either myself or by the City.

I certify that all the information and statements given by me on this application and in connection with my application for employment are true, accurate and complete and that any material misstatement or omission may be the basis for dismissal.

Applicants' signature _____ Date _____

All applicants will receive full consideration without discrimination on the basis of race, national origin, color, creed, age, sex, handicap or religious beliefs. Employment applications remain active for 6 months from the date signed. Unless the applicant appears in person each 6 months to update the application, it will be removed from active status.

EMPLOYMENT APPLICATION SUPPLEMENT FOR ALL POLICE DEPARTMENT AND FIREFIGHTER/PARAMEDIC APPLICATIONS FOR THE CITY OF COCOA BEACH, FLORIDA

As part of the application process, you must complete the statements below attesting to the non-use of tobacco or tobacco products for at least one year immediately preceding the date of employment application and the statement of understanding concerning Drug and Alcohol screening.

TOBACCO USE

I _____, acknowledge that tobacco use of any kind (i.e. smoking, chewing, dipping, etc.) is prohibited for me whether I am on or off duty while an employee of the City of Cocoa Beach. Additionally, I attest that I have been a non-user of tobacco products for at least one year immediately preceding this application for employment with the City of Cocoa Beach.

I agree that I will not use tobacco products whether on or off duty, during my employment with the City of Cocoa Beach. I understand that if I do use tobacco while so employed, whether the use is on or off duty, I may be subject to disciplinary action up to and including termination of employment.

_____ _____ _____

APPLICANT SIGNATURE WITNESS SIGNATURE DATE

DRUG AND ALCOHOL SCREENING

I understand that as part of the Post-Offer of Employment process, the City of Cocoa Beach will require a drug and alcohol screening to determine my suitability to fill the position for which I have applied. In keeping with its efforts to identify the most qualified individuals for public safety positions, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids (urine and/or blood) for the purpose of a drug and alcohol screen to determine fitness for duty.

I understand that refusal to undergo the testing will be grounds for rejection of my application for employment. I also understand that a positive test will result in the removal of my application for consideration for a period of one-year, at which time I may submit another application.

I further understand that the results of the testing may be utilized in conjunction with any other information developed during the post-offer of employment process to determine my eligibility for the position for which I have applied, and the City of Cocoa Beach will have complete discretion in determining if I am offered a position.

_____ _____

APPLICANT SIGNATURE DATE