



The City of Daytona Beach

COMMISSION-MANAGER PLAN
POST OFFICE BOX 2451
DAYTONA BEACH, FLORIDA 32115-2451

HUMAN RESOURCES/
Employment Services

PHONE 386/671-8210

Dear Applicant:

Thank you for your interest in seeking employment with The City of Daytona Beach. You may complete and return an application to the Office of Employment Services or obtain application online. For information concerning current vacancies, visit our Website: www.codb.us. New job openings along with requirements are posted as vacancies occur.

To be eligible for positions with The City of Daytona Beach, it is necessary to submit your application with the following documents indicating that you meet the requested job requirements:

1. **High School and/or College Diploma**
2. **Florida Drivers License**
3. **Military Discharge (DD 214)**
4. **Experience Verification Letter(s) which must include:**
 - **Where You Worked**
 - **Dates Employed**
 - **Your Title and/or Duties**
 - **Name and Title of Person Signing Letter**
 - **and be on company/agency letterhead**
5. **Conviction History Disclosure Form if required**

Requirements for Police Officer and Firefighter differ and require several additional documents. If you are interested and eligible for either of these positions, please request the information available in the Employment Services Office.

We encourage you to visit us at City Hall, Human Resources, Room 158, 301 S. Ridgewood Avenue in Daytona Beach, Monday through Friday, between the hours of 8 a.m. and 4 p.m. to discuss your application and any questions you may have.

If you need additional information, feel free to call the Employment Services office at 386/671-8210 or 386/671-8214. Thank you for your interest in obtaining employment with The City of Daytona Beach.

RESIDENTS OF DAYTONA BEACH GIVEN PREFERENCE IN HIRING

THE CITY OF DAYTONA BEACH

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

The City of Daytona Beach is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, religion, color, sex, age, natural origin or disability. The City of Daytona Beach employs only U.S. Citizens and lawfully authorized aliens who can provide evidence of their identity and employment eligibility as required by federal law. If you need an accommodation due to a disability in order to participate in the application/selection process, please notify the hiring authority in advance.

INSTRUCTIONS TO APPLICANTS --- READ CAREFULLY

- Read the job announcements carefully. Your application will not be considered unless you meet the required education and experience qualifications for the position applied for.
- Print or type on this application. Do not use pencil. Use dark ink and answer every question. Incomplete applications will not be considered.
- Applicant shall notify the Employment Services Office promptly of any change of address, phone number or email.
- Applicants are required to successfully complete a medical exam and fingerprint screening at City expense prior to being hired.
- Police and Fire applicants must also pass an agility test and other required screening.
- Veterans must submit a copy of their DD214 if applying for Police Officer or Firefighter, or for consideration of veteran's preference.
- Applicants' names shall remain on an open eligible list for one year for a position. If not hired within that time, a new application for employment must be submitted.
- To qualify for as many job opportunities as possible, applicants should bring to the Human Resources office all educational certificates (high school diploma, college, trade school certificates, etc.) and verification letters from previous employers stating the applicant's name, dates worked and duties performed. For some positions, state law requires a birth certificate proving U.S. citizenship.

DATE _____

Position Applied For: _____

Temporary
Permanent
Part-Time

NAME: _____
(last) (first) (middle)

Mailing Address: _____ Phone No. _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you age 18 or older? Yes _____ No _____ Cell Phone: _____

If hired your social security number will be required for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for those purposes.

How long have you lived in the Daytona Beach Area? _____ How Long in Florida? _____

Who should we contact in case of emergency: Name _____
Address _____
Phone Number _____

If hired, can you provide proof that you are eligible to work in the United States? _____

Have you ever worked for The City of Daytona Beach before? _____ Date _____

Department _____ Supervisors name _____

When did you leave the service of the city? _____ Why? Give full particulars _____

Have you ever applied for work in this office before? _____ Date _____

Have you any relatives employed by The City of Daytona Beach? _____

Give names, relationship and where in the City they work. _____

EDUCATION:

School Attended	Circle Highest Grade Completed	Did You Graduate?	Name and Location of School Last Attended
Elementary	1 2 3 4 5 6 7 8		
High School	9 10 11 12		

COLLEGES, NURSING, BUSINESS AND OTHER SCHOOLS ATTENDED

*Indicate Q if Quarter hours or S if semester hours.

Name and Location	Credit Hrs. earned	Q* S	Degree or Certificate Sought	Major or Subjects taken	Degree or Certificate Received

Professional Licenses or Registration: I hereby certify that I possess a current and valid license (not driver's license) or registration as follows _____

Official Number _____ Authorized by _____
(Federal or State Examining Board)

Can you Type? Yes <input type="checkbox"/> No <input type="checkbox"/>	speed wpm	Can you take Shorthand? Yes <input type="checkbox"/> No <input type="checkbox"/>	speed wpm	What Business Machines Can You Operate?

VETERAN'S PREFERENCE: Preference shall be given to certain veterans and spouses of veterans as provided by chapter 295, Laws of Florida. Veteran's Preference must be supported by DD214 and/or VA documentation.

Are you claiming veterans preference? Yes _____ No _____

MILITARY SERVICE:

Indicate Branch _____ Date of Entry _____ Date of Discharge _____

Dates of Active Service _____ Final Rank _____

Type of Discharge _____ Duties _____

Are you a disabled veteran recognized by the United States Veterans Administration? Yes _____ No _____

Percent of disability? _____

Are you the spouse of a veteran with a service disability of 100%? Yes _____ No _____

Are you an unmarried widow or widower of a veteran and receiving compensation benefits from the United States Veterans Administration? Yes _____ No _____

NOTE: You must submit a Veterans Administration document stating percent of disability to qualify for disabled veterans preference points.

CRIMINAL HISTORY/POLICE CONVICTIONS:

As part of the selection process, I understand that I will be required to complete a **Conviction History Disclosure Form** and submit it when requested by The City of Daytona Beach. The form will not be submitted with my application unless directed to do so in the job announcement. I hereby affix my initials to acknowledge understanding of this statement. _____

NOTE: At time of application and as posted in the job announcement, certain positions will be required to complete a **Conviction History Disclosure Form**. These include positions within the Police and Fire Departments, confidential positions, and positions otherwise required to undergo mandated DCF screening.

A conviction record or adjudication will not be a barrier to employment unless the conviction is related to the position sought. Once requested to complete the **Conviction History Disclosure Form**, failure to accurately list your complete history may result in non-hire or later dismissal.

EMPLOYMENT HISTORY:

List below your work experience record (current or most recent first) covering at least the last ten years if possible. Continue on reverse side and attach additional pages if necessary. Start this page with present or most recent job. Include any service in armed forces. List any self-employment. Show the nature and kind of work you did in section on duties. Try to include all jobs held since high school, college or military service discharge, whichever is later. You must list exact addresses and phone numbers, city and state for all past employers.

Florida Drivers License? YES NO Class (circle one) A B C D E

Special endorsements (circle) T N P H X

Name of Employer _____ Phone Number of Employer _____ Address of Employer _____ Your Job Title _____ Specific Duties _____ Reason for Leaving _____	From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full Time _____ Part Time _____ Starting Salary _____ Last Salary _____ Supervisor's Name _____ Title _____
Name of Employer _____ Phone Number of Employer _____ Address of Employer _____ Your Job Title _____ Specific Duties _____ Reason for Leaving _____	From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full Time _____ Part Time _____ Starting Salary _____ Last Salary _____ Supervisor's Name _____ Title _____
Name of Employer _____ Phone Number of Employer _____ Address of Employer _____ Your Job Title _____ Specific Duties _____ Reason for Leaving _____	From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full Time _____ Part Time _____ Starting Salary _____ Last Salary _____ Supervisor's Name _____ Title _____
Name of Employer _____ Phone Number of Employer _____ Address of Employer _____ Your Job Title _____ Specific Duties _____ Reason for Leaving _____	From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full Time _____ Part Time _____ Starting Salary _____ Last Salary _____ Supervisor's Name _____ Title _____
Name of Employer _____ Phone Number of Employer _____ Address of Employer _____ Your Job Title _____ Specific Duties _____ Reason for Leaving _____	From (Mo.) _____ (Yr.) _____ To (Mo.) _____ (Yr.) _____ Full Time _____ Part Time _____ Starting Salary _____ Last Salary _____ Supervisor's Name _____ Title _____

Name of Employer _____ From (Mo.) _____ (Yr.) _____
 Phone Number of Employer _____ To (Mo.) _____ (Yr.) _____
 Address of Employer _____ Full Time _____ Part Time _____
 Your Job Title _____ Starting Salary _____
 Specific Duties _____ Last Salary _____
 _____ Supervisor's Name _____
 _____ Title _____
 Reason for Leaving _____

Name of Employer _____ From (Mo.) _____ (Yr.) _____
 Phone Number of Employer _____ To (Mo.) _____ (Yr.) _____
 Address of Employer _____ Full Time _____ Part Time _____
 Your Job Title _____ Starting Salary _____
 Specific Duties _____ Last Salary _____
 _____ Supervisor's Name _____
 _____ Title _____
 Reason for Leaving _____

What type of work or specific job would you enjoy or do you feel particularly qualified for?

ADDITIONAL COMMENTS:

Include information of any additional skills or abilities, training, courses completed, achievements, vocational interests, volunteer activities or hobbies that might aid you in your City employment. List any machines or vehicles you can operate.

I hereby authorize The City of Daytona Beach to obtain from my FORMER (not current) employers all data needed to support this application. I hereby certify that the foregoing statements are to the best of my knowledge true and correct and I agree that any false statement or omission as to material fact will constitute grounds for rejection of my application or dismissal from the employ of The City of Daytona Beach. **I understand that any time during employment with The City of Daytona Beach, I may be tested as permitted by law to determine whether I am working under the influence of alcohol or a controlled substance. I also understand that my employment with the City will be conditional upon satisfactory completion of a medical examination as permitted under the Americans With Disabilities Act of 1990, as amended.**

NOTE: Any offer of employment will be contingent on the satisfactory completion of a city medical examination and thorough background and criminal history screening.

Applicants Signature _____ Date _____

DO NOT WRITE IN THIS SPACE

Birth Certificate _____ <input type="checkbox"/>	Interview _____ <input type="checkbox"/>
High School / College Degree _____ <input type="checkbox"/>	Experience verification required:
Florida Drivers License _____ <input type="checkbox"/>	_____
Military Discharge _____ <input type="checkbox"/>	_____
State Certification: Police / Fire _____ <input type="checkbox"/>	_____
State EMT Certification: Fire _____ <input type="checkbox"/>	_____



THE CITY OF DAYTONA BEACH

Conviction History Disclosure Form

Position Applying for: (Exact Title) _____

Last Name	First Name	Middle Initial
-----------	------------	----------------

Street Address	Apt. No.	Home Telephone Number () -
----------------	----------	--------------------------------------

City	State	Zip Code	Alternate Telephone Number () -
------	-------	----------	-------------------------------------------

E-mail Address	Social Security Number
----------------	------------------------

IMPORTANT: You will be asked to submit a copy of this form each time you are being considered for a position. Please keep a copy for your records. **NOTE:** A conviction record or adjudication will not be an automatic barrier to employment. Failure to disclose an accurate conviction history may result in non-hire or later dismissal.

CONVICTION HISTORY

- Please read and complete the following sections carefully:
1. Have you ever been convicted of any offense against the law, or pleaded 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, including DUI or DWI? YES NO

 2. Have you been arrested and are currently out on bail or out on your own recognizance pending trial? YES NO

If you answered **NO**, please sign and date the CERTIFICATION OF APPLICANT below.
 If you answered **YES**, please complete page 2; then sign and date the CERTIFICATION OF APPLICANT below.

CERTIFICATION OF APPLICANT (please read carefully): I hereby certify that all statements made in this Conviction History Disclosure Form are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from employment with the City of Daytona Beach.

Date: _____ Signature of Applicant: _____

APPOINTING AUTHORITY/DESIGNEE ONLY

____ I, the Appointing Authority/Designee, certify that I have reviewed this Conviction History Disclosure Form and accompanying criminal history report and determined that the particular convictions and/or circumstances thereof disclosed by the applicant or reported in the criminal history will or will not (circle) disqualify the applicant from this particular position in the above-referenced department.

____ The statements made in this Conviction History Disclosure Form are false, inaccurate, or incomplete and will result in disqualification or dismissal from employment.

Date: _____ Appointing Authority/Designee _____

Please attach additional pages if necessary:

Offense or Case Name (provide code or section if known)	Conviction Date (on or about)	Where Violation Occurred (City, County, State)	Court Penalty Imposed (sentence & status)

OPTIONAL: Please provide any additional explanation you would like us to consider.

APPLICANT INFORMATION FORM

CONFIDENTIAL

The City of Daytona Beach is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, state or local law. The information below will be used only in the compilation of data for required reporting to the Federal Government. Completion of this data is **voluntary and will be kept confidential**. It will not affect your opportunity for employment, or terms and conditions of employment, if hired or promoted. Please return this page with your application.

Date: _____

Position(s) Applied for:

1. _____ 2. _____ 3. _____

Name: _____ Zip Code: _____

AGE DATA 19 - 39 40 - 70

SEX DATA: Male Female

RACE/ETHNIC GROUP:

Hispanic or Latino
Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino)
Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (Not Hispanic or Latino)
Persons having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)
Person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino)
Persons having origins in any of the original peoples of North America and South America (including Central America), who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)
Persons who identify with more than one of the above races.

DISABILITY STATUS

For purposes of completing this form, a "Disabled Person" is any person who (1) has a physical or mental impairment that substantially limits one or more of his or her major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. Major life activities include those such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.

If you have such a disability and would like to be considered under the Affirmative Action program, please tell us.

Do you have a disability? Yes No

DISABILITY REQUIRING ACCOMMODATION

If you require an accommodation in order to participate fully in the application and/or selection process, please notify this office 386-671-8213 at least 48 hours in advance of the interview, examination, etc. TDD 386-671-8030.

VETERAN'S PREFERENCE

Claiming Veteran's Preference *(please check one)* Yes No

Type of Military Discharge _____

Date of Entry _____ Date of Discharge _____

Under Florida State Statute 295, as amended, veteran's preference may be established based on any one of the categories listed here. If you are claiming veteran's preference, please check one of the following categories:

- 1. A Disabled Veteran who has served on active duty in any branch of the Armed Forces and who presently has an existing service-connected disability which is compensable under public laws administered by the DVA or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.
- 2. The spouse of a Veteran:
 - 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 line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.
- 3. A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph.
- 4. The unremarried widow or widower of a Veteran who died of a service-connected disability.
- 5. The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.
- 6. A Veteran as defined in section 1.01 (14) Florida Statutes.
"Active Duty for Training" may not be allowed under this paragraph.
- 7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

DD214 or comparable document which serves as a certificate of release or discharge **must be furnished at time of application**. A claim of disability must be supported by documents showing current receipt of disability compensation. Other supporting documents may be required based on veteran's preference selection category. For more information, please visit the Florida Department of Affairs website at <http://floridavets.org/> or <http://floridavets.org/wp-content/uploads/2014/06/Veterans-Preference-Frequently-Asked-Questions.pdf>

For Florida Statutes Chapter 295 please visit:

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0295/Sections/0295.07.html

A qualified applicant claiming Veteran's Preference for a vacant position who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs, 727-319-7462. A complaint must be filed within 21 calendar days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

This form to be separated from application