

**HOUSING AUTHORITY CITY OF MIAMI BEACH**

**An Equal Opportunity Employer and a Drug/Smoke Free Workplace**

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, disability, marital, or veteran status (except if eligible for veterans' preference)

**EMPLOYMENT APPLICATION**

**INSTRUCTIONS:** Please print in ink or type. Applications will be accepted only when a vacancy exists for the position applied for. This application will remain active for 90 days. This application has been developed to give you the opportunity to list qualifications and abilities. If you need additional space, use a separate sheet of paper. You may add a resume or attach copies of documents you feel help clarify your background, but resumes will not be accepted in lieu of a fully completed application. **All questions must be answered.** For those questions which do not apply, simply insert N/A. If applying for more than one position, please submit a separate application for each position.

**POSITION APPLIED FOR:**

**CURRENT PERSONAL DATA**

NAME: -----

SOCIAL SECURITY NUMBER: -----

PRESENT ADDRESS: -----  
CITY STATE ZIP CODE

MAILING ADDRESS: -----  
CITY STATE ZIP CODE

HOME TELEPHONE: ----- BUSINESS TELEPHONE: -----

PAGER/BEEPER: ----- E-Mail Address:-----

**EMPLOYMENT AVAILABILITY**

EMPLOYMENT WITH THE HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH MAY REQUIRE WORKING WEEKENDS SHIFTS AND HOLIDAYS. ARE YOU ABLE TO WORK: (Check all that apply)

FULL-TIME  PART-TIME  SHIFTS  EVENINGS  WEEKENDS  HOLIDAYS  TEMPORARY

EARLIEST YOU WOULD BE ABLE TO START ----- SALARY DESIRED-----

ARE YOU OVER 18 YEARS OF AGE?  YES  NO

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES  NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY?  YES  NO

HAVE YOU EVER BEEN EMPLOYED BY THE HOUSING AUTHORITY CITY OF MIAMI BEACH?  YES  NO  
IF YES, COMPLETE THE FOLLOWING:

<b>DATES PREVIOUSLY EMPLOYED FROM/TO:</b>	
<b>POSITION:</b>	
<b>REASON FOR LEAVING:</b>	

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE HOUSING AUTHORITY?  YES  NO

IF YES, GIVE NAME AND RELATIONSHIP: -----

<b>EDUCATION</b>			
<b>CIRCLE HIGHEST GRADE COMPLETED:</b>	<b>GRADE/HIGH SCHOOL</b>	<b>COLLEGE/UNIVERSITY</b>	<b>GRADUATE</b>
	5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4
	<b>SCHOOL NAME/ADDRESS</b>	<b>ATTENDANCE DATES</b>	<b>DEGREE</b>
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE			
OTHER/GED			

**EMPLOYMENT HISTORY (THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACHE A RESUME)**

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL PART-TIME EMPLOYMENT FOR THE LAST TEN YEARS AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER. USE ADDITIONAL SHEETS IF NECESSARY TO ACCOUNT FOR ALL EMPLOYMENT WITHIN THE LAST TEN YEARS.

MAY THE HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH CONTACT YOUR PRESENT EMPLOYER?  
 YES     NO

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**NAME OF EMPLOYER:** -----  
**STREET ADDRESS:** -----  
**CITY, STATE, ZIP:** ----- **NUMBER:** -----  
**JOB TITLE:** ----- **SUPERVISOR'S NAME:** -----  
**JOB DUTIES & RESPONSIBILITIES:** -----  
-----  
-----  
-----

**STARTING DATE:** ----- **ENDING DATE:** -----  
**STARTING SALARY:** ----- **ENDING SALARY:** -----  
**REASON FOR LEAVING:** -----  
-----

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**NAME OF EMPLOYER:** -----  
**STREET ADDRESS:** -----  
**CITY, STATE, ZIP:** ----- **TELEPHONE NUMBER:** -----  
**JOB TITLE:** ----- **SUPERVISOR'S NAME:** -----  
**JOB DUTIES & RESPONSIBILITIES:** -----  
-----  
-----  
-----

**STARTING DATE:** ----- **ENDING DATE:** -----  
**STARTING SALARY:** ----- **ENDING SALARY:** -----  
**REASON FOR LEAVING:** -----  
-----

**NAME OF EMPLOYER:** -----  
STREET ADDRESS: -----  
CITY, STATE, ZIP: -----NUMBER: -----  
JOB TITLE: ----- SUPERVISOR'S NAME: -----  
JOB DUTIES & RESPONSIBILITIES: -----  
-----  
-----  
-----  
STARTING DATE: ----- ENDING DATE: -----  
STARTING SALARY: ----- ENDING SALARY: -----  
REASON FOR LEAVING: -----  
-----

**NAME OF EMPLOYER:** -----  
STREET ADDRESS: -----  
CITY, STATE, ZIP: ----- TELEPHONE NUMBER: -----  
JOB TITLE: ----- SUPERVISOR'S NAME: -----  
JOB DUTIES & RESPONSIBILITIES: -----  
-----  
-----  
-----  
STARTING DATE: ----- ENDING DATE: -----  
STARTING SALARY: ----- ENDING SALARY: -----  
REASON FOR LEAVING: -----  
-----

**NAME OF EMPLOYER:** -----  
STREET ADDRESS: -----  
CITY, STATE, ZIP: ----- TELEPHONE NUMBER: -----  
JOB TITLE: ----- SUPERVISOR'S NAME: -----  
JOB DUTIES & RESPONSIBILITIES: -----  
-----  
-----  
-----  
STARTING DATE: ----- ENDING DATE: -----  
STARTING SALARY: ----- ENDING SALARY: -----  
REASON FOR LEAVING: -----  
-----

HAVE YOU EVER BEEN, INDICTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATION?  YES  NO IF YES, PROVIDE DETAILS INCLUDING FINES, ARRESTS, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

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

HAVE YOU EVER BEEN REFUSED A SURETY BOND?  YES  NO WHEN? -----

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

DRIVER LICENSE NUMBER: ----- STATE: -----

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

IF YES, EXPLAIN: -----  
-----

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: -----  
-----  
-----

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE: -----  
-----  
-----

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER: -----  
-----  
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**REFERENCES:** LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (RELATIVES OR EMPLOYERS)

NAME	OCCUPATION	TELEPHONE	YEARS ACQUAINTED

**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: -----

**VETERAN'S PREFERENCE**

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

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE HACMB AND ATTACH COPIES OF SUPPORTING DOCUMENTATION.

**CERTIFICATION AND BACKGROUND INVESTIGATION CONSENT**

**THIS MUST BE SIGNED. 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 HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH (**HACMB**) AND/OR ITS AGENTS TO MAKE AN INDEPENDENT INVESTIGATION OF MY BACKGROUND, REFERENCES, CHARACTER, PAST EMPLOYMENT, EDUCATION, CREDIT HISTORY, CRIMINAL OR POLICE RECORDS, INCLUDING THOSE MAINTAINED BY BOTH PUBLIC AND PRIVATE ORGANIZATIONS AND ALL PUBLIC RECORDS FOR THE PURPOSE OF CONFIRMING THE INFORMATION CONTAINED ON MY APPLICATION AND/OR OBTAINING OTHER INFORMATION WHICH MAY BE MATERIAL TO MY QUALIFICATIONS FOR EMPLOYMENT INCLUSIVE OF WORKERS COMPENSATION HISTORY.

I RELEASE THE **HACMB** AND/OR ITS AGENTS AND ANY PERSON OR ENTITY, WHICH PROVIDES INFORMATION TO THIS AUTHORIZATION, FROM ANY AND ALL LIABILITIES, CLAIMS OR LAWSUITS IN REGARDS TO THE INFORMATION OBTAINED FROM ANY AND ALL OF THESE AFOREMENTIONED SOURCES USED.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE **HACMB** ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A MEDICAL EXAMINATION BY A **HACMB** PHYSICIAN/FACILITY 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 URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE **HACMB** FOR THIS PURPOSE.

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

I UNDERSTAND THAT THE **HACMB** 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 HOUSING AUTHORITY CITY OF MIAMI BEACH.**

**I HEREBY SWEAR AND AFFIRM** THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS, AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. 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, I WILL BE SUBJECT TO IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE **HACMB**.

-----  
SIGNATURE

-----  
DATE

THE FOLLOWING IS MY TRUE AND COMPLETE LEGAL NAME AND ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
(FULL NAME PRINTED)

\_\_\_\_\_  
(MAIDEN NAME OR OTHER NAMES USED)

SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**CLAIM FOR VETERAN'S PREFERENCE**

*Attached copy of your discharge papers (DD214) and submit this form with Application.*

Name: _____	Date: _____
Position Applied For: _____	

I claim veteran's preference based upon the following: (check basis for your preference)

\_\_\_\_\_ 1. As a veteran with a compensable service-connected disability who is eligible for a receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.

\_\_\_\_\_ 2. As the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

\_\_\_\_\_ 3. As a veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 days or more since January 31, 1995, if any part of such active duty was performed during a wartime era as defined by Florida Statute and Florida Administrative Code. Active training is not allowable.

\_\_\_\_\_ 4. As the un-remarried spouse of a veteran who was killed in action, or died of a services-connected disability.

\_\_\_\_\_ Branch of Service

\_\_\_\_\_ Date of Entry

\_\_\_\_\_ Date of Discharge

Have you been employed through Veteran's Preference since October 1, 1987? \_\_\_\_\_

If yes, please provide the name and telephone of the employer: \_\_\_\_\_

\_\_\_\_\_  
Signature

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with the Division of Veteran's Affairs within 21 days from the date of notice of hiring decisions.

**EQUAL OPPORTUNITY EMPLOYER DATA**

**THE HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH IS AN EQUAL OPPORTUNITY EMPLOYER, AND IT COMPLIES WITH GOVERNMENT REGULATIONS WITH REGARD TO EQUAL EMPLOYMENT. TO ASSIST US IN OUR CONTINUING EFFORT TO DO SO, THESE DATA ARE COMPILED ON AN ON-GOING BASIS. HOWEVER, YOUR COOPERATION IN COMPLETING THE FOLLOWING IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. THIS FORM IS REMOVED FROM THE APPLICATION UPON SUBMITTAL TO THE HOUSING AUTHORITY OF MIAMI BEACH AND IS KEPT IN A SEPARATE FILE.**

DATE OF APPLICATION: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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

RACE:

- WHITE (NON-HISPANIC)
- BLACK OR AFRICAN AMERICAN
- HISPANIC OR LATINO
- ASIAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDERS
- AMERICAN INDIAN/ALASKAN NATIVE
- TWO OR MORE RACES

SEX:

- MALE
- FEMALE

VETERAN:

- YES
- NO

DISABLED

- YES
- NO

REFERRAL SOURCE:

- NEWSPAPER ADVERTISEMENT (Specify Source) \_\_\_\_\_
- HACMB JOB ANNOUNCEMENT
- HACMB EMPLOYEE
- CORRESPONDENCE
- WALK-IN
- FLORIDA STATE JOB SERVICE
- OTHER (Please Specify)