



**City of Belleair Bluffs**  
2747 Sunset Blvd. Belleair Bluffs, Florida 33770

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Human Resources Department  
Debra Sullivan, City Clerk/Treasurer  
E-Mail: [dsullivan@belleairbluffs-fl.gov](mailto:dsullivan@belleairbluffs-fl.gov)

(727) 584-2151  
Fax (727) 584-6175

To All Applicants,

The City of Belleair Bluffs considers the selection of qualified personnel the most important step in assuring quality services to its citizens. Your cooperation in completing all areas of the application is necessary to help us make the best hiring selection possible.

The application is designed to give you every opportunity to illustrate your qualifications. If additional space is required, you may include a separate sheet. You are welcome to submit a resume along with your completed application.

**Please note the following information:**

- The City of Belleair Bluffs will require all applicants to authorize release of information for a background investigation. If authorization is not received, this application will be withdrawn from consideration. Information in this application will be verified.
- Applications are maintained in active status for three months. A separate application is required for each classification. The position for which you have applied is \_\_\_\_\_.
- The last date that the City of Belleair Bluffs can accept applications for this position is noted on the [belleairbluffs.org](http://belleairbluffs.org) website. You may be contacted regarding interviews and testing as necessary. When the final selection has been made, you will receive a letter regarding the status of your application.
- Offers of employment will be made contingent upon successful completion of a drug screening. A positive drug screening test will make the applicant ineligible for further consideration for employment with the City of Belleair Bluffs for a period of one full year.
- If hired, an original Social Security card or other authorization to legally work in the United States, verification of date of birth, and proof of education/certificates/licenses (if required) must be presented prior to employment.
- All job offers are conditioned on a physical examination to determine the individual's fitness to perform the essential functions of the job.
- The City of Belleair Bluffs smoking policy prohibits smoking at all times in City buildings, facilities, and vehicles.

If you have any inquiries regarding this or other positions with the City of Belleair Bluffs, please contact the City Clerk weekdays from 8:30 a.m. to 4:30 p.m. at (727) 584-2151.

Thank you for applying to the City of Belleair Bluffs. Good luck in your employment efforts.

Sincerely,

Debra S. Sullivan, CMC  
City Clerk



# The City of Belleair Bluffs

2747 Sunset Blvd. Belleair Bluffs, FL 33770

## AUTHORITY FOR RELEASE OF INFORMATION AND PERSONAL INQUIRY WAIVER

**TO: CONCERNED PERSON OR AUTHORIZED REPRESENTATIVE OF ANY ORGANIZATION, INSTITUTION OR REPOSITORY OF RECORD**

**FROM: THE CITY OF BELLEAIR BLUFFS HUMAN RESOURCES DEPARTMENT**

**REGARDING:**

P L E A S E  P R I N T	NAME _____ <i>First Middle Last</i>
	ADDRESS _____ <i>Street</i>
	_____ <i>City County State Zip</i>
	DATE OF BIRTH _____ SOCIAL SECURITY _____
	DRIVER LICENSE NUMBER _____
	STATE _____ EXPIRATION DATE _____
	POSITION APPLIED FOR _____

**THIS FORM WILL BE KEPT IN A FILE SEPARATE FROM THE APPLICATION  
Information on this form is used only to facilitate the background check**

I authorize the City of Belleair Bluffs to perform a background investigation to assist the City in determining my suitability for the position I am seeking. I further authorize the City of Belleair Bluffs, its officers, agents and employees, including but not limited to, Department Directors, Supervisors, and other staff, to review and discuss information revealed about me during the background investigation for the purpose of determining my qualifications and fitness for the position I am seeking with the City of Belleair Bluffs.

I respectfully request and authorize you to furnish the City of Belleair Bluffs and its representatives all information that you may have concerning my employment records, school records (to include copy of transcript), character, reputation, military records, criminal history records and driver license (where applicable). This information is to be used to assist the City of Belleair Bluffs in determining my qualifications and fitness for the position I am seeking. If offered employment conditionally, I authorize the release of medical history records and claim history records.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the requested information.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

(witness can be someone in household)

**PHOTOCOPIES OF THIS DOCUMENT SHOULD BE TREATED  
WITH THE SAME AUTHENTICITY AS THE ORIGINAL**



FEDERAL BACKGROUND SERVICES, INC.

I HEREBY AUTHORIZE FEDERAL BACKGROUND SERVICES, INC. TO PERFORM ANY AND ALL NECESSARY PRE-EMPLOYMENT SEARCHES. THIS MAY INCLUDE CRIMINAL BACKGROUND CHECKS, MOTOR VEHICLE INQUIRIES, CREDIT CHECKS, AND OTHER PRE-EMPLOYMENT RESEARCH. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

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PRINTED NAME

SIGNATURE

DATE

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CITY OF BELLEAIR BLUFFS  
COMPANY

FEDERAL BACKGROUND SERVICES  
PO BOX 6703  
LAKE WORTH, FL 33466  
PHONE 561-969-9966  
FAX 561-969-9988



**CITY OF  
BELLEAIR BLUFFS**  
2747 Sunset Boulevard  
Belleair Bluffs, Florida 33770  
Tel. (727) 584-2151  
Fax: (727) 584-6175  
[www.belleairbluffs-fl.gov](http://www.belleairbluffs-fl.gov)

Mayor:  
Chris Arbutine Sr.

Commissioners:  
Hunt K. Brand  
Troy A. Krotz  
Robert R. Russo  
David M. Shimkus

City Clerk  
Debra S. Sullivan, CMC

City Attorney  
Thomas J. Trask, Esq.

February 21, 2008

The City of Belleair Bluffs collects your Social Security Number for the following purposes: identification and verification; credit worthiness; billing and payment; data collection, reconciliation, tracking benefit processing and tax reporting. Social Security Numbers are also used as a unique numeric identifier and may be used for such purposes. 1-22-08

PASSED AND ADOPTED BY THE CITY COMMISSION OF  
THE CITY OF BELLEAIR BLUFFS, FLORIDA, THIS 22<sup>nd</sup> DAY OF  
JANUARY, 2008.

Debra S. Sullivan  
Debra S. Sullivan, City Clerk

EMPLOYMENT APPLICATION

City of Belleair Bluffs
2747 Sunset Blvd
Belleair Bluffs, Florida 33770
Job Line: (727) 584-2152
Fax Line: (727) 584-6175
www.belleairbluffs.org

Received by
Human Resources

Please print clearly in black or blue ink

Position Applied For:
Full Legal Name:
Other names by which you have been known:
Street Address:
City: State: Zip:
Phone Numbers: Home ( ) Cell ( ) Work ( )
E-Mail address:
Are you legally eligible to work in the United States? Yes No
Have you ever been employed by the City of Belleair Bluffs? Yes No
If yes: When? What position?
Reason for leaving:
Do you have any relatives or a domestic partner who are employed by the City of Belleair Bluffs? Yes No
If yes: Name: Relationship:

Do you have a valid driver's license? Yes No State:
Type of license: Operator "E" Operator "D" Restricted
Commercial (CDL): A B C CDL Endorsements:
Has your license ever been revoked or suspended? Yes No If yes, when and for what reason?

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? Yes No
Can you meet the attendance requirements of this job? Yes No
Do you currently use illegal drugs? Yes No
Have you ever been convicted for a violation of any law, police regulation or ordinance? Yes No
If yes, describe the conviction(s), include date, charge, location, disposition and court. Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service.

# WORK HISTORY

**NOTE:** This section **must** be completed in full. You may attach a resume in addition to completing all requested information. Include **all** jobs, military service and any period of unemployment. If you have been employed under any other name(s) please list name(s) by each employer as applicable.

Have you ever been discharged or forced to resign?  Yes  No If yes, explain \_\_\_\_\_

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Specific Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer regarding your employment record prior to a job offer?  Yes  No

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Specific Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Specific Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Specific Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**If more space is needed, please attach additional work history sheet.**

## EDUCATION

Do you possess a High School diploma or GED equivalent?     Yes                       No

Circle last grade completed    →

Elementary/High School	College/University	Graduate
4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4

Last elementary or high school attended: \_\_\_\_\_  
School Name                      City                      State

Names & Locations of Colleges/Universities or Vocational/Trade Schools	GPA	Major/Minor Field of Study	Type of Degree Awarded	Date Awarded

**Please attach copy of Diploma/Degree/Transcript/Certificate**

## SPECIAL SKILLS

Computer systems skills (i.e. PC, Mainframe, etc.): \_\_\_\_\_

Software applications skills (i.e. Microsoft Word, Excel, etc.): \_\_\_\_\_

Typing Speed: \_\_\_\_\_ WPM                      Shorthand/Speedwriting: \_\_\_\_\_ WPM

Machines and/or equipment operated: \_\_\_\_\_

Licenses or Certificates (type, State, or other licensing authority): \_\_\_\_\_

Professional Memberships (include offices held): \_\_\_\_\_

State any additional information that may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VETERANS' PREFERENCE

If you are discharged under honorable conditions, you may be eligible for Veterans' Preference in consideration of your application for employment. **Substantiating documentation must be furnished at the time of application.** Documentation includes DD214, military discharge papers or equivalent certification, documentation certifying service-connected disability or any other documentation as specified by the Department of Veterans' Affairs.

Do you request Veterans' Preference?       Yes       No

If yes, please designate the basis for your preference below.

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

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

\_\_\_\_\_ As a Veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training and who was discharged under honorable conditions from the Armed Forces of the United States.

*Wartime period includes the following. Please check all that apply:*

\_\_\_\_\_ Spanish-American War (April 21, 1898, to July 4, 1902, and including the Philippine Insurrection and the Boxer Rebellion.)

\_\_\_\_\_ Mexican Border Period (May 9, 1916, to April 5, 1917)

\_\_\_\_\_ World War I (April 6, 1917, to November 11, 1918; extended to April 1, 1920, for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917, and November 12, 1918.)

\_\_\_\_\_ World War II (December 7, 1941, to December 31, 1946)

\_\_\_\_\_ Korean Conflict (June 27, 1950, to January 31, 1955)

\_\_\_\_\_ Vietnam Era (February 28, 1961, to May 7, 1975)

\_\_\_\_\_ Persian Gulf War (August 2, 1990, to January 2, 1992)

\_\_\_\_\_ As the unmarried spouse of a Veteran who was killed in action, or died of a service-connected disability.

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

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

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

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295:085 may file a complaint with THE DEPARTMENT OF VETERANS' AFFAIRS (P.O. Box 31003, St. Petersburg, FL 33731) within 21 calendar days from the date of notice of hiring decision.

The City of Belleair Bluffs collects your Social Security Number for the following purposes: identification and verification; credit worthiness; billing and payment; data collection, reconciliation, tracking benefit processing and tax reporting. Social Security Numbers are also used as a unique numeric identifier and may be used for such purposes. 1-22-08

# CERTIFICATION

**This Certification Must Be Signed – Please read carefully**

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the City of Belleair Bluffs 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 City of Belleair Bluffs.

I further agree and consent in advance to being summarily discharged if any of the information provided by me contains any misrepresentation or falsification, or if any material information has been omitted.

I understand that job offers extended by the City of Belleair Bluffs in some or all job classifications are conditioned upon successful completion of a physical examination by an authorized physician who will determine whether I can perform the essential functions of the position offered, with or without reasonable accommodation.

I voluntarily consent and agree to give a sample of my blood and/or urine to any medical facility designated by the City of Belleair Bluffs to be used to determine and evaluate substances in my system, and to the release the test results to the City of Belleair Bluffs. The City of Belleair Bluffs will pay the cost of my physical examination. I understand that falsification of information to a designated medical facility or omission of relevant information is grounds for dismissal, regardless of when discovered. Should it be discovered during my probationary period, the cost of my physical examination and/or drug screen may be deducted from my final paycheck.

**My signature below acknowledges that I have read and understand the foregoing statements and this consent was freely and knowingly given.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

The City of Belleair Bluffs, Florida is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to Race, Color, Religion, Sex, National Origin, Age, Marital or Veteran Status (Except if eligible for Veterans' Preference), or the presence of a non-job related medical condition or disability.

M/F/D/V Smoke/Drug Free Workplace