



Employment Application
City of West Miami
901 SW 62 Avenue
West Miami, Florida 33144

The City of West Miami is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodations with the application process, he or she should contact the Office of the City Manager/Office of the City Clerk.

The City of West Miami is a municipality located in Miami Dade County. We are a ¾ square mile City that offers municipal services to its residents. City Residents who apply for open positions shall be given priority pursuant to City Resolution.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____
Date of Application: _____

Are you over the age of 18: ____ Yes ____ No

Employment Position:

Position(s) applying for: _____

How did you hear about this position? _____
On what date can you start working if you are hired? _____

Personal Information

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

If extended an offer of employment, employees will have 3 business days to provide documentation proving authorization to work in the US.

Are you a City of West Miami resident? Yes ____ No ____

List Languages Spoken Fluently:

Resume: If you have an updated Resume, please attach to the application.

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

The City of West Miami complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Certificates and Degrees: Please attached any Vocational Certificates and or Educational Degree(s) to the application.

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

May we contact this employer?

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

May we contact this employer?

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

May we contact this employer?

List (3) Professional References with contact information:

1. _____
2. _____
3. _____

Please read carefully before signing.

City of West Miami is an equal opportunity employer. City of West Miami does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, gender identity, marital status, physical or mental disability, or military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for City of West Miami to hire me. If I am hired, I understand that either City of West Miami or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of City of West Miami has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to City of West Miami true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant Signature: _____

Dated: _____