

EMPLOYMENT APPLICATION

Taylor Coastal Water & Sewer District
 18820 Beach Road
 Perry, FL 32348
 Phone/Fax: (850) 578-3043

***All Sections *must* be completed; in **not applicable** – answer “NA”; **DO NOT** answer “see resume” ***

PERSONAL	Name _____ Date of Application _____ (Last) (First) (MI)					
	Address _____ (No. & Street)					
Phone Numbers: Home _____ Cell _____ Social Security Number: _____						
EDUCATION		Name & Location (City & State)	Dates Attended From To	Graduate Yes No	Diploma/Degree Certificate	Course Major
	High School					
	College					
	Graduate Work					
	Business/Trade Technical/Other					
EMPLOYMENT HISTORY	LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST					
	Name of Business _____ City _____ State _____ Position/Title _____ Final Salary _____ Starting Date _____ Ending Date _____ Supervisor's Name/Title _____ Reason for leaving _____					
	Name of Business _____ City _____ State _____ Position/Title _____ Final Salary _____ Starting Date _____ Ending Date _____ Supervisor's Name/Title _____ Reason for leaving _____					
	Name of Business _____ City _____ State _____ Position/Title _____ Final Salary _____ Starting Date _____ Ending Date _____ Supervisor's Name/Title _____ Reason for leaving _____					
	Name of Business _____ City _____ State _____ Position/Title _____ Final Salary _____ Starting Date _____ Ending Date _____ Supervisor's Name/Title _____ Reason for leaving _____					

REFERENCES:

List the names of three persons not related to you whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER

BACKGROUND INFORMATION

	Yes	No
1. Are you a U.S. Citizen?		
2. If no, do you possess an I-151 Card, an I-1551 or an I-94 Card stamped "Employment Authorized"?		
3. Have you ever been convicted of a felony or a first-degree misdemeanor? Explain.		
4. Have you ever pled "nolo contendere" or pled guilty to a crime which is a felony or a first-degree misdemeanor? Explain.		
5. Have you ever had the adjudication of guilt withheld to a crime which is a felony or first-degree misdemeanor? Explain.		
6. Have you ever been discharged / fired from employment? (If so, explain.)		
7. Have you ever resigned/quit after being informed that your employer intended to discharge/fire you? Explain.		
8. Do you have the legal right to work in the United States?		

Space for detailed answers to above questions. Please indicate question number to which answers apply. Use additional paper if necessary.

DRIVERS LICENSE

Do you possess a current, valid driver's license? _____ Yes _____ No

VETERANS PREFERENCE

Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at time of application.

- o As a veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension.
- o As the spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
- o As a veteran of any war who has served on active duty during a wartime era.
- o As the un-remarried widow or widower of a veteran who died of a service-connected disability.

BRANCH OF SERVICE _____ DATE OF ENTRY _____ DATE OF HONORABLE DISCHARGE _____

Have you claimed veteran's preference and entered into covered employment by a covered employer since October 1, 1987? ___ Yes ___ No
 If "Yes", Name of Employer _____

MILITARY	Branch _____ Date Entered _____ Date Released _____ Final Rank _____
	Reason for Separation _____ Reserve/National Guard Status _____
	Service Obligation Remaining _____

OFFICE SKILLS: (Please check areas of competency)

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Spreadsheets/Database | <input type="checkbox"/> Office Equipment (fax, copier, etc.) | |

Software/Computer Applications: _____

Other (please list):

TRADE SKILLS: (Please check areas of competency)

- | | | |
|---|--|---|
| <input type="checkbox"/> Welding | <input type="checkbox"/> Pipefitting | <input type="checkbox"/> Electrical Repair Work |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Grounds Keeping | <input type="checkbox"/> Automotive/Mechanical |
| <input type="checkbox"/> Asphalt Repair | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Automotive/Electronics |
| <input type="checkbox"/> Map Preparation | <input type="checkbox"/> Map Reading | <input type="checkbox"/> Rough Carpentry |
| <input type="checkbox"/> Reading Blueprints | <input type="checkbox"/> Drafting/Graphics | <input type="checkbox"/> Heavy Equipment/Mechanical |

Other (Please list):

EQUIPMENT SKILLS: (Please check areas of competency)

- | | | | |
|--|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ditching Machines | <input type="checkbox"/> Air Hammers | <input type="checkbox"/> Power Mowers | <input type="checkbox"/> Tractors |
| <input type="checkbox"/> Power Tools | <input type="checkbox"/> Communications | <input type="checkbox"/> Hydraulics | |

Other (please list): _____

PROFESSIONAL OR OCCUPATIONAL LICENSES, CERTIFICATES OR REGISTRATIONS WHICH YOU CURRENTLY HOLD:

TRAINING RECORD: List any courses, seminars, workshops, conferences, or other training that is especially relevant in preparing you for this position. Please list only relevant courses, but be sure to give complete and meaningful information so your training can be fairly evaluated.

NOTICE TO APPLICANTS

DRIVER'S LICENSE POLICY REQUIREMENTS

If the position for which you are applying requires the operation of a District vehicle in the course of job duties, you are required to possess and maintain a driving record that meets the District's standards for insurance coverage. If you are offered this position, this offer of employment will be contingent upon your meeting the standards listed below. Inability to meet the following standards will prevent your employment:

Record must be free of the following violations in the past three (3) years:

- Suspended or revoked license
- Reckless driving
- DUI or DWI
- Vehicular homicide
- Fleeing or attempting to elude police
- Drag racing
- Three or more accidents and/or violations

Record must have no more than one moving violation in a one-year period.

DRUG-FREE WORKPLACE POLICY

It is the policy of Taylor Coastal Water and Sewer District that:

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or alcohol is prohibited in the workplace of the District.

Each employee shall abide by this policy and agree to notify the District of any conviction of such employee for a violation of any Federal or State criminal drug statute occurring in the workplace within five (5) calendar days of conviction.

Sanctions to be taken against employees for violation of this policy shall result in appropriate personnel action, up to and including discharge.

ATTENTION

**THIS STATEMENT MUST BE SIGNED TO BE CONSIDERED FOR EMPLOYMENT.
READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING.**

I understand that the Florida State Supreme Court has ruled that all information supplied while making application for employment with all state, county and municipal entities and agencies, becomes a part of Public Record under provisions of Chapter 119 of Florida Statutes, and, as such, must be made available to interested parties upon specific request.

Taylor Coastal Water and Sewer District (the District) has my authorization to thoroughly investigate my work, education, medical, criminal, and personal history that are job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.

I understand that all information I provide will be considered in reviewing my application and that a false or unanswered question may be grounds for not employing me or for dismissing me after I begin work. All statements are subject to verification, including a check of my fingerprints, police records (criminal & traffic), education and present and former employers.

I understand that if selected for employment, I must furnish a paper social security card before receiving payment of wages or salaries and take an oath or affirmation of allegiance (Loyalty Oath, Florida Statute, Section 876.05).

If accepted for employment, I clearly understand that the District makes every effort to provide steady, continuous work but cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to work rules, job performance, etc.

I understand that my employment with the District is for no specific term and may be terminated by the District or me. I further understand that no oral promise, policy, customary business practice or other procedure constitutes an employment contract or modifications of the at-will relationship between the District and me.

I understand that the District is a Drug-free Workplace.

I further understand that, if hired, I am required to abide by all rules, regulations, and policies of the District. Failure to do so can result in discharge at any time.

By my signature, I hereby authorize the District to obtain employment references from my former employers.

CERTIFICATION ---

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

SIGNATURE _____ DATE: _____

**STATE OF FLORIDA
TAYLOR COASTAL WATER AND SEWER DISTRICT
OATH OF LOYALTY**

State of Florida
County of Taylor

I, _____, a citizen or authorized non-citizen of the State of Florida and of the United States of America, and being employed by Taylor Coastal Water & Sewer District and a recipient of public funds as such employee, do hereby solemnly swear and affirm that I will support the Constitutions of the United States of America and the State of Florida.

Signature

Sworn to and subscribed before me

This _____ day of _____, 20_____

_____ Personally known, or _____ Produced identification

Type of Identification Produced: _____

Signature of Notary public – State of Florida

Print, Type or Stamp Commissioned
Name of Notary Public

(SEAL)

AUTHORITY FOR RELEASE OF INFORMATION AND PERSONAL INQUIRY WAIVER

NAME: _____
First
Middle
Last

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE NUMBER: _____

STATE: _____ EXPIRATION DATE: _____

POSITION APPLIED FOR: _____

Social Security and driver's license numbers are requested for the purpose of applicant and employee background checks, payroll eligibility verification, processing employment benefits, and income reporting and will be used solely for those purposes.

THIS FORM WILL BE KEPT IN A FILE SEPARATE FROM THE APPLICATION

I authorize Taylor Coastal Water and Sewer District to perform a background investigation to assist in determining my suitability for the position I am seeking.

I respectfully request and authorize you to furnish Taylor Coastal Water and Sewer District and its representative all information that you may have concerning my employment record, school records (to include copy of transcript), character, reputation, military records, criminal history records and Driver's license (where applicable). This information is to be used to assist the District in determining my qualifications and fitness for the position I am seeking with them. If offered employment conditionally, authorize the release of medical history records and claim history records.

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

 SIGNATURE OF APPLICANT _____
DATE

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

DISTRICT WILL PROVIDE

MOST RECENT

Florida Retirement System (FRS) – Certification Form

from FRS web site.

VOLUNTARY EQUAL OPPORTUNITY APPLICANT SURVEY

Taylor Coastal Water & Sewer District is an equal opportunity employer and strives to enhance its multi-cultural workforce. All qualified applicants are encouraged to apply. The following information is requested on a voluntary basis and will be used strictly for research and reporting purposes and will not be used in any way as part of the hiring decision. Your cooperation will be greatly appreciated.

TODAY'S DATE: _____

POSITION APPLYING FOR: _____

NAME: _____

ADDRESS: Last First Middle _____

City State Zip _____

SOCIAL SECURITY #: _____

SEX: ___ MALE ___ FEMALE DATE OF BIRTH: _____

Race/Ethnic Category: (check one only)

- ___ WHITE (not of Hispanic or Latino) – Persons having origins in any of the original peoples of Europe, North Africa or the Middle East including people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab or Polish
___ BLACK OR AFRICAN AMERICAN (not of Hispanic origin) – Persons having origins in any of the black racial groups of Africa including Kenyan, Nigerian or Haitian
___ HISPANIC OR LATINO – Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race
___ NATIVE AHWAIIAN OR OTHER PACIFIC ISLANDER – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
___ ASIAN – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands, including areas such as China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
___ AMERICAN INDIAN OR ALASKAN NATIVE – Persons having origins in any of the original peoples of America and maintain cultural identification through tribal affiliation or community recognition
___ TWO OR MORE RACES

DISABLED STATUS: ___ YES ___ NO

Nature of Disability: _____

Signature: _____ Date: _____

NOTE: It is unlawful for an employer to fail or to refuse to hire any individual or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age, marital status or disability.

HOW DID YOU LEARN ABOUT THE JOB? (Check one.)

- ___ Newspaper ___ District Employee ___ Walk-in ___ Call-in ___ Job Line
___ Friend ___ Job announcement at: _____
___ Other: _____