

# 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” \*\*\*

<b>PERSONAL</b>	Name _____ Date of Application _____ (Last) (First) (MI)					
	Address _____ (No. & Street)					
Phone Numbers: Home _____ Cell _____ Social Security Number: _____						
<b>EDUCATION</b>		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					
<b>EMPLOYMENT HISTORY</b>	<b>LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST</b>					
	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 _____					
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**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 \_\_\_\_\_

<b>MILITARY</b>	Branch _____ Date Entered _____ Date Released _____ Final Rank _____ Reason for Separation _____ Reserve/National Guard Status _____ Service Obligation Remaining _____
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**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):

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**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):

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**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): \_\_\_\_\_

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

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**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.

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## 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.**

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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: \_\_\_\_\_



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: \_\_\_\_\_