

# ENGLEWOOD WATER DISTRICT EMPLOYMENT APPLICATION

We are pleased that you are interested in a position with the Englewood Water District. It is most important that you fill out this application completely. Incomplete forms will not be accepted for employment. The information on this application remains active for a six (6) month period from submittal. A new application must be submitted after this six (6) month period.

## PERSONAL DATA

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apt. # City State Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Business/Message Phone Cell Phone

Have you ever been employed anywhere under any other name(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please list name(s) \_\_\_\_\_

Does the Englewood Water District employ any relative ( by blood or marriage ) or cohabitant of yours? \_\_\_\_\_

If yes, give name and relationship \_\_\_\_\_

Have you previously worked for the Englewood Water District? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list dates of employment and job position \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, can you show proof of authorization to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## AREAS OF EMPLOYMENT INTEREST

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Please list specific skills you have that are related to the position for which you are applying, (i.e. office equipment, computer skills, typing speed, software used, etc):

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## EDUCATION

Circle highest grade completed: 6 7 8 9 10 11 12 GED \_\_\_\_\_ College: 1 2 3 4 5 6 Plus

	Name & Location of School	Course of Study	Years Completed	Did You Graduate?	Degree Or Diploma
Graduate	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Business/Trade Technical	_____	_____	_____	_____	_____
High School/ GED	_____	_____	_____	_____	_____

Have you received any additional training – workshops, short courses, volunteer work, etc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## EXPERIENCE

**Start at the top with your most recent experience and work backward. Experience may be paid or unpaid, full-time, part-time or military. Describe all of your work experience thoroughly, indicate how it relates to the position you are applying for. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application.**

(1) Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

(2) Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

(3) Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

(4) Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.**

Do Not Contact Employer No(s): \_\_\_\_\_ Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VETERAN'S PREFERENCE

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

- 1. A veteran with service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the US Veteran's Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for at least 1 day and was honorably discharged from the Armed Forces of the United States of America and any part of such active duty was performed during a wartime era, excluding active duty training, or
- 4. The un-married widow or widower of a veteran who died of a service connected disability.

Branch of Service	Date of Entry	Date of Discharge
Describe any training received relevant to the position for which you are applying: _____		
_____		
_____		

## PERSONAL DATA

**A prior record of conviction(s) will not necessarily disqualify you from employment. Each case is considered individually. Withholding or falsifying information may result in termination if hired.**

- (1) Have you ever been convicted of a felony?  Yes  No  
If yes, list date, place, offense and fine ( or sentence ) for each in the space below.
- (2) Do you have a valid Florida driver's license?  Yes  No  
Number \_\_\_\_\_ Class/CDL \_\_\_\_\_  
Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_
- (3) Have you been cited for any violations in which points were assessed against your license in the past 3 years?  Yes  No  
If yes, how many violations? \_\_\_\_\_ and how many points? \_\_\_\_\_
- (4) Has your Florida driver's license been suspended or revoked in the past 3 years?  Yes  No  
If yes, for what violations? \_\_\_\_\_  
and for what period of time? \_\_\_\_\_

Explanatory remarks: (Please indicate item numbers to which answers apply): \_\_\_\_\_  
\_\_\_\_\_



**AFFIDAVIT**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

**CERTIFICATION:** I certify that the information set forth in my employment application is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from employment at any time. I understand that it is my responsibility to include with my application copies of any education, license, or certification requirements for the position for which I have applied. I understand that final approval of employment depends upon satisfactory completion of a background check and a post-offer of employment physical examination including a voluntary drug/alcohol screening at the District's expense. Any illegal substance, controlled or otherwise, which shows in my drug/alcohol screen results will result in my immediate disqualification from employment with the Englewood Water District. I further understand that if I am hired by the Englewood Water District, the Immigration Reform and Control Act of 1986 requires that I provide certain information, including date of birth, country of origin, and statement of employment eligibility. In addition, I understand that I will be required to provide documents establishing my identity and authorization to work in the United States.

**STATEMENT OF APPLICANT:** I authorize my former employers and character references to release any information regarding my employment. I authorize the Englewood Water District to make any investigation of my background as deemed necessary to verify my qualifications for the position for which I am applying.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Unsigned application will not be processed)