

TOHO WATER AUTHORITY APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. PRE-EMPLOYMENT TESTING WILL INCLUDE DRUG SCREENING AND A CRIMINAL BACKGROUND CHECK. ALL FULL-TIME PERMANENT EMPLOYEES ARE GENERALLY REQUIRED TO HAVE THEIR PAYCHECK DIRECTLY DEPOSITED INTO A BANK ACCOUNT. **PLEASE ATTACH EXTRA PAGES WITH ANY ADDITIONAL INFORMATION.**

POSITION APPLIED FOR: _____ DEPARTMENT _____

1. PERSONAL INFORMATION

A) NAME _____	TELEPHONE _____	EMAIL _____	
B) ADDRESS _____	CITY _____	STATE _____	ZIP _____
C) ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHICH TYPE: CLASS _____ LICENSE NUMBER: _____		EXPIRATION DATE: _____	
E) DO YOU HAVE ANY RELATIVES WORKING FOR TOHO WATER AUTHORITY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE NAME(S) AND RELATIONSHIP: _____			
F) WERE YOU EVER EMPLOYED BY TOHO WATER AUTHORITY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, STATE DEPARTMENT AND REASON FOR LEAVING: _____			
G) WERE YOU IN THE ARMED FORCES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST BRANCH AND DATES OF ENTRY, RANK AT DISCHARGE & TYPE OF DISCHARGE: _____			
H) HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE AN EXPLANATION BELOW			

2. EDUCATION AND TRAINING

ARE YOU A HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO				GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SCHOOLS ATTENDED AFTER H.S.	LOCATION	COURSE/MAJOR	DEGREE/CERTIFICATE		
DESCRIBE ANY SPECIALIZED TRAINING/APPRENTICESHIP SKILL YOU HAVE RECEIVED: _____					
CAN YOU OPERATE ANY SPECIAL MACHINERY OR EQUIPMENT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
IF YES, LIST TYPES: _____					
HAVE YOU ANY TRADE LICENSES OR CERTIFICATIONS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
LIST TYPE, DATE AND WHERE ISSUED: _____					

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSES AGAINST THE LAW? A 'YES' WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT; HOWEVER, WHAT YOU WERE CONVICTED OF, AND HOW LONG AGO IS IMPORTANT. GIVE ALL FACTS SO THAT A DECISION CAN BE MADE. (YOU MAY OMIT MINOR TRAFFIC VIOLATIONS, ANY OFFENSE JUDGED IN A JUVENILE COURT OR UNDER A YOUTHFUL OFFENDER LAW.)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
YOU MAY OMIT MINOR PARKING OR TRAFFIC OFFENSES WHERE THE PENALTY IMPOSED WAS A FINE OF LESS THAN \$250 AND DID NOT INCLUDE ANY JAIL TIME			

USE THIS SPACE TO GIVE ANY EXPLANATION TO THE ABOVE QUESTION:

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I hereby certify that each answer to any question, and all the information provided on this application (including attachments) is true and correct. I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification, or to discharge at any time. If employed by Toho Water Authority, I agree to comply with all its orders, rules and regulations. I authorize Toho Water Authority to conduct any PRE-EMPLOYMENT investigation it deems appropriate, including the administration of polygraph, physical examination, and urinalysis for drug screening. I understand that positive results for drug screening will disqualify me from consideration for employment.

APPLICANT SIGNATURE

DATE

EMPLOYMENT HISTORY – YOU MAY ATTACH A RESUME AND SALARY HISTORY INFORMATION IN LIEU OF COMPLETING THIS PAGE.

NAME: _____ POSITION APPLYING FOR: _____

START WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT.

DATES FROM TO	STARTING SALARY	FINAL SALARY	TYPE OF BUSINESS
NAME & ADDRESS OF COMPANY	DESCRIBE THE WORK YOU DID		SUPERVISOR
			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES NO			

DATES FROM TO	STARTING SALARY	FINAL SALARY	TYPE OF BUSINESS
NAME & ADDRESS OF COMPANY	DESCRIBE THE WORK YOU DID		SUPERVISOR
			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES NO			

DATES FROM TO	STARTING SALARY	FINAL SALARY	TYPE OF BUSINESS
NAME & ADDRESS OF COMPANY	DESCRIBE THE WORK YOU DID		SUPERVISOR
			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES NO			

DATES FROM TO	STARTING SALARY	FINAL SALARY	TYPE OF BUSINESS
NAME & ADDRESS OF COMPANY	DESCRIBE THE WORK YOU DID		SUPERVISOR
			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES NO			

SPECIAL SKILL AND QUALIFICATIONS: DESCRIBE ANY SPECIAL JOB-RELATED SKILLS OR QUALIFICATIONS ACQUIRED THROUGH EMPLOYMENT EXPERIENCES.

APPLICANT SIGNATURE

DATE

EEO INFORMATION FOR RECORD REPORTING AND OTHER STATUTORY REQUIREMENTS

This information is confidential and will NOT be attached to your application for employment. Completion is voluntary and NOT a condition to your employment.

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, marital status or handicap.

DATE: _____

POSITION APPLIED FOR: _____

REFERRED BY: _____

NAME: _____ PHONE: _____

ADDRESS: _____

BIRTHDATE: _____

RACE/ETHNIC GROUP:

_____ AFRICAN-AMERICAN

_____ ASIAN

_____ HISPANIC

_____ NATIVE AMERICAN
INDIAN/ALASKAN

_____ WHITE

GENDER

_____ MALE

_____ FEMALE

VIETNAM ERA VETERAN

_____ YES

_____ NO

IF DISABLED, WHAT IS YOUR DISABILITY RATING?

_____ %

HAVE YOU EVER FILED A CLAIM FOR WORKER'S COMPENSATION?

_____ YES

_____ NO

VETERAN'S PREFERENCE

DOCUMENTATION SUBSTANTIATING YOUR CLAIM MUST BE FURNISHED AT THE TIME OF APPLICATION.

CHECK THE APPROPRIATE BOX IF YOU ARE CLAIMING VETERAN'S PREFERENCE AT THIS TIME.

- 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. Veteran's Administration and Department of Defense, or
 - The spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or,
 - A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, and who was discharged or separated with an honorable discharge from the Armed Forces of the United States of America, if any part of such active duty was performed during wartime era:
 - I. World War II (12/7/41 through 12/31/46)
 - II. Korean Conflict (6/27/50 through 1/31/55)
 - III. Vietnam Era (8/5/64 through 5/5/75)
 - IV. Persian Gulf (8/2/90 – 1/2/92)
 - The un-married widow or widower of a veteran who died of a service-connected disability.
- * An eligible veteran or spouse has a single claim to preference, exercisable once.
 - * An honorable discharge is necessary
 - * Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference unless they are disabled veterans.
 - * Guard and Reserve active duty for training purposes does not qualify for preference.

Branch of Service

Date of Entry

Date of Discharge

In accordance with F.S. Title XX, Section 295.101, a Veteran's Employment Preference expires once the veteran has applied and been employed by the agency or any political subdivision of the state.

Have you claimed and been employed through Veteran's Preference since October 1st 1987?
_____ Yes _____ No

If yes, give name of employer _____

NOTE: UNDER FLORIDA LAW, PREFERENCE IN APPOINTMENT SHALL BE GIVEN, BY THE STATE AND ITS POLITICAL SUBDIVISIONS, FIRST TO THOSE PERSONS INCLUDED IN 1 AND 2 ABOVE, AND SECOND TO THOSE PERSONS INCLUDED UNDER 3 AND 4 ABOVE. IF ANY APPLICANT CLAIMING VETERAN'S PREFERENCE FOR A VACANT POSITION IS NOT SELECTED FOR THE POSITION, HE/SHE MAY FILE A COMPLAINT WITH THE DIVISION OF VETERAN'S AFFAIRS; P.O. BOX 1437, ST. PETERSBURG, FL 33731. A COMPLAINT SHALL BE FILLED WITHIN 21 DAYS AFTER NOTICE OF HIRING DECISION. IF NO NOTICE OF A HIRING DECISION IS GIVEN, A COMPLAINT MAY BE FILED AT ANY TIME.

Signature of Applicant

Date