

ST. LUCIE WEST SERVICES DISTRICT APPLICATION FOR EMPLOYMENT

A Drug-Free Workplace and An Equal Opportunity Employer

Position(s) Applied for _____ ___ Full Time
___ Part Time
___ Shift Work
 Name _____ Social Sec. No. _____

Street _____ City _____ Zip _____

Home Phone (____) _____ Bus. Phone (____) _____ Drivers Lic.# _____

(If required for the position which you are applying for.)

Have you filed an application here before? ___Yes ___No
 Have you ever been employed here before? ___Yes ___No

Are you on lay off and subject to recall? ___Yes ___No
 Can you travel if job requires it? ___Yes ___No

Date available for work _____
 What is your desired salary range? _____

If you are under 18, and it is required, can you furnish a work permit? ___Yes ___No

If no, please explain: _____

Are you legally eligible for employment in this country? ___Yes ___No

Are you able to meet the attendance requirements of the position? ___Yes ___No

Will you work overtime? ___Yes ___No

How were you referred? _____

List names of your friends or relatives, other than your spouse, who work here _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?
(Conviction information will not necessarily exclude you from a position unless its job related.) ___Yes ___No

Explain: _____

EDUCATION

HIGH SCHOOL

Name _____ Address: _____ Years Completed 1 2 3 4 (circle)
 Diploma? ___Yes ___No

COLLEGE

Name _____ Address: _____ Years Completed 1 2 3 4 (circle)
 Diploma? ___Yes ___No

GRADUATE

Name _____ Address: _____ Years Completed 1 2 3 4 (circle)
 Diploma? ___Yes ___No

TECHNICAL OR SPECIAL TRAINING

Describe: _____

Do you have experience in the following areas:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> MS Word | <input type="checkbox"/> MS Excel | <input type="checkbox"/> MS PowerPoint |
| <input type="checkbox"/> IBM / PC | <input type="checkbox"/> Other Word Processing System | <input type="checkbox"/> Other Spreadsheet System | <input type="checkbox"/> Other Presentation Application |
| <input type="checkbox"/> MS Office / Windows | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Other computer software, specialized equipment, and/or business machines you have operated _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or most recent job.

RESUME ATTACHED Yes No

Employer 1	Employed	Supervisor's Name/Job Title: _____
Address	From _____ Mo./Yr.	_____
Telephone	To _____ Mo./Yr.	May we contact: ___Yes ___No
Your Salary	Your Job Title: _____	
\$ <u>Start</u>	Duties: _____	
\$ <u>End</u>	_____	

Reason for Leaving:

Employer 2	Employed	Supervisor's Name/Job Title: _____
Address	From _____ Mo./Yr.	_____
Telephone	To _____ Mo./Yr.	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Salary		Your Job Title: _____
\$ <u>Start</u>	\$ <u>End</u>	Duties: _____

Reason for Leaving _____

MILITARY SERVICE EXPERIENCE

Branch of Service _____ Date entered: _____ Date Discharged: _____

Duties/Specialized Training _____

Reserve Status _____ Draft Status _____ Do you have Military obligations, which might affect work schedules?

Yes No If Yes, please explain: _____

If unemployed at any time, please describe reasons for unemployment. _____

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes No

If yes, please give details _____

Membership in Organization/Professional groups which, in your opinion, have a direct bearing on the position you are seeking. _____

Give any additional information, which you feel, may be helpful to us in considering your application. _____

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute 443.131(3)(a)(2) if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____ (initials).

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by St. Lucie West Service District with or without notice to me of such amendment, modification or deletion, that the policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of St. Lucie West Service District with or without notice by either party. I also understand that there are no other arrangements, agreements, or understanding regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing. _____ (initials).

I certify that all information given on this employment application, any resume that I submit to St. Lucie West Service District, and any related employment papers and answers given during oral interviews are true and correct. I understand that St. Lucie West Service District may make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by St. Lucie West Service District during the course of such an investigation. I understand that if any information I have submitted is discovered to be false, I may be disqualified for employment and, if already employed, I may be subject to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____ (initials).

I expressly authorize, without reservation, St. Lucie West Service District, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me _____ (initials).

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from St. Lucie West Service District and still wish to be considered for employment, it will be necessary to reapply and fill out a new application _____ (initials).

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard _____ (initials).

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Date: _____ Signature: _____