

# ST. LUCIE WEST SERVICES DISTRICT APPLICATION FOR EMPLOYMENT

## *A Drug-Free Workplace and An Equal Opportunity Employer*

Position(s) Applied for \_\_\_\_\_ ☐ Full Time  
Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ ☐ Part Time  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ ☐ Shift Work  
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 (c@&)  
Diploma? ☐ Yes ☐ No

### COLLEGE

Name \_\_\_\_\_ Address: \_\_\_\_\_ Years Completed 1 2 3 4 (c@&)  
Diploma? ☐ Yes ☐ No

### GRADUATE

Name \_\_\_\_\_ Address: \_\_\_\_\_ Years Completed 1 2 3 4 (c@&)  
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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Salary		Your Job Title: _____
Start: _____	Duties: _____	
End: _____	_____	

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	Duties: _____	
Start: _____	End: _____	

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: \_\_\_\_\_