



# APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Central County Water Control District ("CCWCD") is an Equal Opportunity Employer and does not tolerate violence in the workplace. All information collected by this application is public record and will be released upon request, unless exempt or confidential. *If you are a current or former law enforcement officer, other covered employee, the spouse or child of one, whose information is exempt from public records disclosure under § 119.071, Florida Statutes, please notify the District Manager before submitting your application.*

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain Florida or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on CCWCD. Please inform the District Manager if you need assistance completing any forms or to otherwise participate in the application process.

Position for which I am applying: \_\_\_\_\_ . Note: A separate application must be submitted for each vacancy.

Submit your application to the District Office at 475 S. Cabbage Palm Street, Clewiston, Florida 33440; FAX: 863/983-9693 no later than 5:00 PM (EST) on the announced deadline date.

Please sign your name where specified at the end of this application. **All information you submit is subject to verification.**

## GENERAL INFORMATION

Full Name _____		Date _____	
FIRST	MIDDLE	LAST	
Address _____			
STREET	CITY	STATE	ZIP CODE
Contact Number (____) _____		Date available for work _____	
Alternate Contact Number (____) _____		Email (optional) _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)	
Are you at least 18 years old?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, you may be required to provide authorization to work.)	

## POSITION INFORMATION

Type of work desired? _____	Salary range expected (required) _____
Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	

## EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

List any work related certifications or licenses you currently possess.

## BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended, or asked to resign from any position?  
 Yes     No    If yes, please explain. \_\_\_\_\_

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?     Yes     No    If yes, specify name. \_\_\_\_\_

Have you ever been convicted, plead nolo contendere or guilty, or had adjudication of guilt withheld for a crime (felony/first degree misdemeanor) that has not been expunged, sealed, pardoned, annulled, statutorily eradicated, or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest, or expunged juvenile records of conviction or arrest. If "YES" please specify what charges, where, and date of conviction in the space provided below and attach additional pages, if necessary. A "YES" answer to this question will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.

Yes     No Record.

## PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) that we may contact:

Name _____	Phone (_____) _____
Email Address _____	Type of Acquaintance _____
Name _____	Phone (_____) _____
Email Address _____	Type of Acquaintance _____
Name _____	Phone (_____) _____
Email Address _____	Type of Acquaintance _____

## EMPLOYMENT RECORD

List all employment experience for the past seven years, starting with the most recent or present employer, including US Military Service. Using a separate section for each position, describe in detail all work experience, including periods of unemployment. **You may include as part of your employment history any verified work performed on a volunteer basis.** Resumes may not be substituted in lieu of completing the following employment information.

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____	Phone ( ) _____ From _____ Month          Year To _____ Month          Year  Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone ( ) _____ From _____ Month          Year To _____ Month          Year  Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone ( ) _____ From _____ Month          Year To _____ Month          Year  Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____	Phone ( ) _____ From _____ Month          Year To _____ Month          Year  Reason for Leaving _____ _____

Have you worked for CCWCD before?

Yes  No If yes, at what position? \_\_\_\_\_ Dates job held: \_\_\_\_\_

Please explain any gaps of employment listed above. \_\_\_\_\_



## ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects, or any other information that will assist us in considering your application for employment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. This disclosure includes, but is not limited to, and civil or criminal records.

\_\_\_\_\_ Initials

I understand, under the Florida Drug-Free Workplace Program, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with CCWCD.

\_\_\_\_\_ Initials

I understand, where permissible under applicable Florida and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, and other matters related to my suitability for employment. I consent to any background check.

\_\_\_\_\_ Initials

I hereby certify that the information given by me is true in all respects. I authorize CCWCD and its representatives to contact my prior employers and all others with the exception of my current employer, only if I have marked "May we contact?" as "No" for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

\_\_\_\_\_ Initials

I understand employment with CCWCD is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ Initials

I hereby certify that, if employed, I will report to the CCWCD Board of Supervisors. If I am ever harassed by someone at CCWCD or if I ever become aware of any unethical behavior by any employee, I shall report it to the CCWCD Board of Supervisors..

\_\_\_\_\_ Initials

**I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (CCWCD or me) without prior notice to the other, unless otherwise prohibited by law.**

\_\_\_\_\_ Initials

**I understand that no representation, whether oral or written, by any representative or agent of CCWCD, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of CCWCD has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the District Manager, District Attorney, or President of the Board of Supervisors.**

\_\_\_\_\_ Initials

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

Note: An offer of employment is conditioned upon complying with CCWCD's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_