

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or most recent position. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1.

| | | | |
|--------------------|-------------------|-------|----------------|
| Employer | Dates | | JOB TITLE |
| | From | To | |
| Address | | | WORK PERFORMED |
| Telephone | Hrly. Rate/Salary | | |
| Supervisor | Starting | Final | |
| | | | |
| Reason for Leaving | | | |

2.

| | | | |
|--------------------|-------------------|-------|----------------|
| Employer | Dates | | JOB TITLE |
| | From | To | |
| Address | | | WORK PERFORMED |
| Telephone | Hrly. Rate/Salary | | |
| Supervisor | Starting | Final | |
| | | | |
| Reason for Leaving | | | |

3.

| | | | |
|--------------------|-------------------|-------|----------------|
| Employer | Dates | | JOB TITLE |
| | From | To | |
| Address | | | WORK PERFORMED |
| Telephone | Hrly. Rate/Salary | | |
| Supervisor | Starting | Final | |
| | | | |
| Reason for Leaving | | | |

4.

| | | | |
|--------------------|-------------------|-------|----------------|
| Employer | Dates | | JOB TITLE |
| | From | To | |
| Address | | | WORK PERFORMED |
| Telephone | Hrly. Rate/Salary | | |
| Supervisor | Starting | Final | |
| | | | |
| Reason for Leaving | | | |

5.

| | | | |
|--------------------|-------------------|-------|----------------|
| Employer | Dates | | JOB TITLE |
| | From | To | |
| Address | | | WORK PERFORMED |
| Telephone | Hrly. Rate/Salary | | |
| Supervisor | Starting | Final | |
| | | | |
| Reason for Leaving | | | |

Please indicate which of these employers you do not wish us to contact and why.
If you need additional space, please continue on a separate sheet of paper

Education

| Circle | High School or Trade Tech | College/University | Graduate/Professional |
|--------------------------|---------------------------|--------------------|-----------------------|
| School Name | | | |
| Years Completed:(Circle) | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | GED ___ or H.S. Dip. ___ | | |
| Describe Course of Study | | | |

Summarize special skills and qualifications acquired from employment, education or other experience. (Include professional certifications, apprenticeships, special equipment training, licenses)

List professional trade or business organizational affiliations. (Exclude groups which indicate race, color, religion, sex or national origin or disability.)

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what branch? _____

Dates of duty: From _____ to _____ Discharge Type: _____

List duties in the service including special training _____

Reserve status rank & branch _____ Active _____ Other _____

PROFESSIONAL REFERENCES (Not relatives)

| Name and Occupation | Address | Phone # |
|---------------------|---------|---------|
| | | |
| | | |
| | | |

State any additional information you feel may be helpful to us in considering your application.

Veteran's Preference: Documentation substantiating your claim (e.g. DD-214 and/or letter establishing eligibility to receive disability compensation from the Department of Defense or equivalent certification) must be furnished at the time of application.

- 1. A veteran with a 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
- 2. The spouse of a veteran who cannot qualify for employment because of a TOTAL AND PERMANENT DISABILITY, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign Power; or
- 3. A veteran who has served on active duty for one (1) day or more and who was honorably discharged from the Armed Forces of the United States of America, if such active duty was performed during a wartime era, excluding active duty for training; or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Branch of Service: _____

Date of Entry: _____ Date of Discharge: _____ Type: _____

Have you ever been employed in any State or government subdivision using Veteran's Preference? Yes No

If yes, Name of Employer _____ Date Employed _____

Note: Under Florida law, preference in appointment shall be given to those persons included in (1) and (2) above and second to those persons included in (3) and (4) above. If the applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Rd. Suite 311-K, Largo, Florida 33778-1630. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency. If not notified, the complaint must be filed within three (3) calendar months from the date application is received by Human Resources.

AGREEMENT – PLEASE READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. 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 the Utilities Commission, I agree to comply with all its orders, rules and regulations which are now in effect or become effective during my employment. I authorize release of all the information contained herein and hereby release the Utilities Commission, its employees, my references, my former employers, schools and all individuals connected therewith, from all liability for any damages or injury whatsoever related to the taking of pre-employment examinations and the furnishing or use of this or related information. I am aware that this application is subject to the provision of FS119 and as a "Public Record" may be open for personal inspection by any person. I understand that any offer of employment is conditional upon my taking and passing a pre-employment physical examination which includes a drug screening test and I hereby authorize the Utilities Commission to do a criminal background check on me. I further understand and agree that if I am employed by the Utilities Commission, that my employment will be "at will" unless otherwise stipulated by contract. That is, either I or the Utilities Commission may end the employment relationship at any time, for any reason, or for no reason. I understand that I have an affirmative obligation to report any unlawful harassment, and that I will not be disciplined for reporting any incident. I understand that I am expected to report to work on time and that 6 or more occurrences of absenteeism will lead to my discharge.

Applicant's Signature

Date