



Utilities Commission,
City of New Smyrna Beach, Florida
200 Canal Street
New Smyrna Beach, Florida 32168

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

Notice to Applicant:

The Utilities Commission is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. All employment applications are subject to public disclosure under Chapter 119, Florida Statutes.

Date of Application: \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Referral Source: [ ] Advertisement: \_\_\_\_\_ [ ] Friend [ ] Relative
[ ] Employment Agency [ ] Other \_\_\_\_\_

Name \_\_\_\_\_
LAST FIRST MIDDLE

Address \_\_\_\_\_
NUMBER STREET CITY STATE ZIP CODE

Phone No. ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

Have you filed an application here before? [ ] Yes [ ] No
If yes, date: \_\_\_\_\_

Have you ever been employed here before? [ ] Yes [ ] No
If yes, date: \_\_\_\_\_

Are you legally eligible for employment in the United States? [ ] Yes [ ] No
(If offered employment, you will be required to provide documentation to verify eligibility)

Do you require employer sponsorship of a work visa? [ ] Yes [ ] No

Are you available to work [ ] Full-time [ ] Part-time [ ] Shift work

Are you on layoff from another employer where you have the right to be recalled? [ ] Yes [ ] No
If yes, when do your recall rights expire? \_\_\_\_\_

Are any of your relatives employed here? [ ] Yes [ ] No
If yes, list name(s) and relationship \_\_\_\_\_

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**EMPLOYMENT HISTORY:** Start with your present or last job and list each job separately even though it may have been with the same employer. Include military service assignments and volunteer activities. If additional space is required, please use a separate sheet of paper.

<b>Employer name and address:</b> <hr/> <hr/> <hr/> <b>Salary: \$ _____ per: _____</b>	<b>Position title, duties, skills:</b> <hr/> <hr/> <b>Supervisor _____ Telephone _____</b>	<b>Start date:</b> _____	<b>End date:</b> _____
		<b>Reason for leaving:</b> <hr/> <b>May we contact? _____</b>	
<b>Employer name and address:</b> <hr/> <hr/> <hr/> <b>Salary: \$ _____ per: _____</b>	<b>Position title, duties, skills:</b> <hr/> <hr/> <b>Supervisor _____ Telephone _____</b>	<b>Start date:</b> _____	<b>End date:</b> _____
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Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?

Yes

No

If yes, explain: \_\_\_\_\_

**CONTINUE TO NEXT PAGE**

**EDUCATION:** Please indicate education or training you possess whether you believe it is relevant to the position you are seeking or not.

Indicate the highest level of education you have achieved: \_\_\_\_\_

	Institution Name	Years Completed	Field of Study	Graduate or Degree
<b>High School</b>				
<b>College and/or Vocational</b>				
<b>Other</b>				

Indicate any professional license or membership(s) you currently possess/hold.

License or Membership Type	State License Number	Expiration Date

*(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.)*

**Skills & Qualifications:** Summarize special skills and qualifications acquired from employment, education, or other experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces?  Yes  No

If yes, what branch? \_\_\_\_\_

Dates of duty: from \_\_\_\_\_ to \_\_\_\_\_ rank at discharge \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reserve status rank & branch \_\_\_\_\_ Active \_\_\_\_\_ Other \_\_\_\_\_

**CONTINUE TO NEXT PAGE**

**PERSONAL REFERENCES:** Please list personal references who are not former employers or relatives.

Name	Address	Telephone	Occupation	Years Known

**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 un-remarried 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 Department of Veteran's Affairs, PO Box 31003, St. Petersburg, Florida 33731. 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 the Personnel Department.

**AGREEMENT – PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Utilities Commission to verify accuracy and to obtain reference information on my work performance. I hereby release the Utilities Commission from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

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 successfully completing the pre-employment screening, which includes a criminal background check and may additionally include a driving record history check, physical examination, and drug screening, as appropriate for the position. *With regard to criminal background: a conviction does not automatically mean you will not be extended a final offer of employment. What you were convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred are important considerations in determining your eligibility.* 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.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**