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TAMPA BAY WATER
Supplying Water To The Region

PRINT NAME Last First M.I.

Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

NOTE: This application must be completed in its entirety and signed if you wish to be considered for employment at Tampa Bay Water. Please type or print in ink. Information submitted on the application is subject to verification. A completed application must be submitted to the Tampa Bay Water Human Resource Office for the vacant position in which you wish to be employed. Photocopies are acceptable. Tampa Bay Water hires only U.S. Citizens and lawfully authorized alien workers.

General Instructions

- Please type or print in ink.
- To be considered for employment, complete your application in its entirety, sign the certification section and specify the position for which you are applying.
- A separate application must be submitted for each vacancy.
- Photocopies are acceptable.
- All information you submit is subject to verification.
- Tampa Bay Water hires only U.S. Citizens and lawfully authorized alien workers.
- If you require special disability accommodations, notify the agency's hiring authority in advance.
- If claiming Veterans' Preference, complete the Veterans' Preference Section.

Applicant Information

LAST NAME _____ FIRST NAME _____ M.I. ____

SOCIAL SECURITY NUMBER _____ AREA CODE ____ - HOME TELEPHONE ____-____ AREA CODE ____ - BUSINESS TELEPHONE ____-____

Mailing Address _____

Education Received: ☐ Diploma ☐ None, highest grade completed ____ ☐ Other _____

Name/Address of high school _____

Your name, if different from application

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE RECEIVED
NAME & ADDRESS	FROM	TO	QTR	SEM		

Your name, if different from application _____

BUSINESS, CORRESPONDENCE, TRADE TECHNICAL, OR VOCATIONAL SCHOOL	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		AREA OF STUDY	TYPE OF DIPLOMA OR CERTIFICATE RECEIVED
NAME & ADDRESS	FROM	TO	CLASS	CLOCK		

Job Title: INDICATE THE POSITION YOU WISH TO APPLY FOR: _____

Skills: List skills you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc. _____

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Licensure, Registration, Certification

EXAMPLES INCLUDE FLORIDA DRIVER'S, CHAUFFEURS,' TEACHER CERTIFICATION, RN, LPN, PE, CPA, ETC.	LICENSE, REGISTRATION, OR CERTIFICATION NUMBER	DATE RECEIVED	EXPIRATION DATE

Experience

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as the application.

Name of present or last employer:

Address:

Your job title: From: MO/DAY/YR To: MO/DAY/YR

Hours per week: Annualized salary: START END

Supervisor's name: Title: Ph:

May we contact your employer? ☐ Yes ☐ No

Your name, if different from application:

Duties and responsibilities:

Reason(s) for leaving:

Name of present or last employer:

Address:

Your job title: From: MO/DAY/YR To: MO/DAY/YR

Hours per week: Annualized salary: START END

Supervisor's name: Title: Ph:

May we contact your employer? ☐ Yes ☐ No

Your name, if different from application:

Duties and responsibilities:

Reason(s) for leaving:

Name of present or last employer:

Address:

Your job title: From: MO/DAY/YR To: MO/DAY/YR

Hours per week: Annualized salary: START END

Supervisor's name: Title: Ph:

May we contact your employer? ☐ Yes ☐ No

Your name, if different from application:

Duties and responsibilities:

Reason(s) for leaving:

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Name of present or last employer:
Address:
Your job title: From: MO/DAY/YR To: MO/DAY/YR
Hours per week: Annualized salary: START END
Supervisor's name: Title: Ph:
May we contact your employer? ☐ Yes ☐ No
Your name, if different from application:
Duties and responsibilities:

Reason(s) for leaving:

Name of present or last employer:
Address:
Your job title: From: MO/DAY/YR To: MO/DAY/YR
Hours per week: Annualized salary: START END
Supervisor's name: Title: Ph:
May we contact your employer? ☐ Yes ☐ No
Your name, if different from application:
Duties and responsibilities:

Reason(s) for leaving:

Name of present or last employer:
Address:
Your job title: From: MO/DAY/YR To: MO/DAY/YR
Hours per week: Annualized salary: START END
Supervisor's name: Title: Ph:
May we contact your employer? ☐ Yes ☐ No
Your name, if different from application:
Duties and responsibilities:

Reason(s) for leaving:

Availability: Indicate which Florida counties you are available to work in:
1. 2. 3. 4.

Date available to begin work: ☐ Part-time ☐ Temporary ☐ Full-time

Citizenship: Are you a U.S. citizen or are you legally authorized to work in the U.S.? ☐ Yes ☐ No
NOTE: Tampa Bay Water hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

Relatives: To your knowledge, do you have any relatives working in this agency? ☐ Yes ☐ No

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Have you ever been convicted of a felony or a first degree misdemeanor? ☐ Yes ☐ No

IF "YES," WHAT CHARGES? DATE? WHERE CONVICTED?

Have you ever pleaded nolo condendere to a crime which is a felony or to a first degree misdemeanor, but had adjudication of guilt withheld by courts? ☐ Yes ☐ No

IF "YES," TO WHAT CHARGES? WHERE? DATE?

NOTE: A "Yes" answer to these questions will not necessarily bar you from employment. The nature, severity, and the date of the offense in relation to the position for which you are applying are considered.

Law Enforcement Background: Are you a current or former law enforcement officer, other employee** or the spouse or child of one who is exempt from public records disclosure under §119.07(3)(k)1, F.S.? ☐ Yes ☐ No

** Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Health and Rehabilitative Services [See §119.07(3)(k)1, F.S.]

Veterans' Preference: Check the appropriate block if you are claiming Veterans' Preference. Documentation substantiating your claim 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 the 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 of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, **OR**

☐ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

BRANCH OF SERVICE: DATE OF ENTRY: DATE OF DISCHARGE:

Have you claimed and been employed using veterans' preference since October 1, 1987? ☐ Yes ☐ No

IF "YES," NAME OF EMPLOYER

NOTE: A DD214 or comparable document which serves as a certificate of release or discharge claim must be furnished at the time of application. In addition, applicants claiming categories 1, 2 or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A. C. Wartime periods are defined in §1.01 (14) F.S. Veterans' Preference shall expire after an eligible person has been employed by any state or agency of a political subdivision of that state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference does not apply to retired-for-longevity military personnel when a competitive examination is used. However, retired military personnel with a compensable disability are eligible, regardless of whether a competitive examination is used.

In an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

Certification: I am aware that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Tampa Bay Water for employment purposes. I understand that applications submitted for employment are public records. I certify that to the best of my knowledge and believe all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature **Date**

Note: employer to remove this section prior to the selection process.

EEO Survey: Although the following information is not mandatory, it is required to aid the Tampa Bay Water in its commitment to Equal Employment Opportunity and Affirmative Action. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, Florida 32303.

SEX: ☐ MALE ☐ FEMALE **DATE OF BIRTH** _____ **RACE** (CHECK ONLY ONE) ☐ WHITE ☐ BLACK

RACE (CONTINUED) ☐ HISPANIC ☐ ASIAN OR PACIFIC ISLANDER ☐ NATIVE AMERICAN ☐ OTHER (SPECIFY) _____