



Employment Application AN EQUAL OPPORTUNITY EMPLOYER

Where Did You Hear About This Opening?

<input type="checkbox"/> Newspaper:	<input type="checkbox"/> On-line:	Social Media/Other
<input type="checkbox"/> Tampa Bay Business Journal	<input type="checkbox"/> TBO.com	<input type="checkbox"/> Facebook.com
<input type="checkbox"/> Tampa Bay Times	<input type="checkbox"/> Monster.com	<input type="checkbox"/> LinkedIn.com
<input type="checkbox"/> Florida Sentinel	<input type="checkbox"/> CareerBuilder.com	<input type="checkbox"/> Twitter.com
<input type="checkbox"/> Other: _____	<input type="checkbox"/> TampaBay.com	<input type="checkbox"/> Employee Referral: _____
	<input type="checkbox"/> TampaBayWater.org	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

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 claiming Veterans' Preference, complete the Veterans' Preference form.

Applicant Information

LAST NAME _____ FIRST NAME _____ M.I. _____

AREA CODE _____ HOME TELEPHONE _____ AREA CODE _____ BUSINESS TELEPHONE _____

AREA CODE _____ MOBILE TELEPHONE _____ EMAIL ADDRESS _____

MAILING ADDRESS _____

Education Received: Diploma None, highest grade completed __ Other _____

Name of high school _____

Your name, if different from application: _____

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE RECEIVED

Your name, if different from application: _____

BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL OR VOCATIONAL SCHOOL	AREA OF STUDY	TYPE OF DIPLOMA OR CERTIFICATE RECEIVED

Position Applying For: _____

Desired salary: _____

PRINT NAME
Last
First
M.I.

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Licensure, Registration, Certification

EXAMPLES INCLUDE FLORIDA DRIVER'S, CHAUFFER'S, 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: MM/DD/YYYY	To: MM/DD/YYYY
Hours per week:	Annualized salary: START	END
Supervisor's name:	Title:	Ph:
May we contact your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your name, if different from application:

Duties and responsibilities:

Reason(s) for leaving:

Name of last employer:

Address:

Your job title:	From: MM/DD/YYYY	To: MM/DD/YYYY
Hours per week:	Annualized salary: START	END
Supervisor's name:	Title:	Ph:
May we contact your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your name, if different from application:

Duties and responsibilities:

Reason(s) for leaving:

Name of last employer:

Address:

Your job title:	From: MM/DD/YYYY	To: MM/DD/YYYY
Hours per week:	Annualized salary: START	END
Supervisor's name:	Title:	Ph:
May we contact your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your name, if different from application:

Duties and responsibilities:

Reason(s) for leaving:



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Name of last employer: _____

Address: _____

Your job title: _____ From: MM/DD/YYYY _____ To: MM/DD/YYYY _____

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 last employer: _____

Address: _____

Your job title: _____ From: MM/DD/YYYY _____ To: MM/DD/YYYY _____

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 last employer: _____

Address: _____

Your job title: _____ From: MM/DD/YYYY _____ To: MM/DD/YYYY _____

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: _____

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.

Availability:

Indicate which Florida counties you are able to work in:

1. _____ 2. _____ 3. _____ 4. _____

Date available to begin work _____ Part-time Temporary Full-time

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Background Information

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

If yes, what charges? _____

Where convicted? _____ Date of conviction: _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor? Yes No

If yes, what charges? _____

Where? _____ Date of conviction: _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? Yes No

If yes, what charges? _____

Where? _____ Date of conviction: _____

A "Yes" answer to these questions 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 [see §112.011, F.S.]

Veterans Preference

Are you claiming Veterans Preference? Yes No

If yes, please complete the Veterans Preference eligibility form.

Have you claimed and been employed using Veterans Preference since October 1, 1987? Yes No

If yes, name of employer: _____

Citizenship

The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U. S.

1. Are you a U.S. citizen? Yes No

2. If no, are you legally authorized to accept employment with the specific hiring authority to which you are applying? Yes No

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.]

Relatives

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

Name: _____ Relationship: _____

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 removed this section prior to the selection process.

EEO Survey

Background Information

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) _____