

Peace River Manasota Regional Water Supply Authority

Equal Opportunity Employer
Equal Access Employer Drug-Free Workplace

EMPLOYMENT APPLICATION

Application Instructions:

- Complete and submit an application form typed or printed in ink neatly. A resume may be included as an attachment; however, the application form must be completed in its entirety. **Incomplete applications will not be considered.** Submit your application to:
Peace River Manasota Regional Water Supply Authority, 9415 Town Center Parkway, Lakewood Ranch, Florida 34202
Fax: 941/316-1772 *Email: careers@regionalwater.org
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies with original signature are acceptable.)
- Submit your application no later than the close of business on the announced deadline date.
- Sign your name in the Certification Section. All information you submit is subject to verification.
- Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the hiring process.

POSITION APPLIED FOR:

Date Available:

Job Title:

Minimum Acceptable Salary?

HOW DO WE CONTACT YOU?

First Name Middle Name Last Name

Address

City

State

Zip Code

Home Phone

Work, Business or Cell Phone

Email

Have you previously worked for the Authority? ☐ Yes ☐ No

To your knowledge, do you have any relatives working in this Agency?

☐ Yes ☐ No

Name of Relative(s)

DRIVERS LICENSE INFORMATION

State of Issuance: _____

Expiration Date: _____

CITIZENSHIP

The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. citizen or are you legally authorized to work in the U.S.? ☐ Yes ☐ No

PERIODS OF EMPLOYMENT:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work. If applicable, indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets using the same format as on the application. All information in this section must be completed. **Resumes may be attached to provide additional information.**

1. Name of Present or Last Employer: _____

Address: _____ Telephone Number: _____

Your Job Title: _____ Supervisor's Name and Title: _____

Employed From: _____ Employed To: _____

Number of Hours Worked Per Week: _____ Annual Salary: _____

Supervisory Responsibility (see definition above): ☐ Yes ☐ No Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

2. Name of Present or Last Employer: _____

Address: _____ Telephone Number: _____

Your Job Title: _____ Supervisor's Name and Title: _____

Employed From: _____ Employed To: _____

Number of Hours Worked Per Week: _____ Annual Salary: _____

Supervisory Responsibility (see definition above): ☐ Yes ☐ No Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

3. Name of Present or Last Employer: _____

Address: _____ Telephone Number: _____

Your Job Title: _____ Supervisor's Name and Title: _____

Employed From: _____ Employed To: _____

Number of Hours Worked Per Week: _____ Annual Salary: _____

Supervisory Responsibility (see definition above): ☐ Yes ☐ No Number of employees supervised: _____

Your Name if Different During Employment: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

EDUCATION – Choose Highest Grade Completed. You will be asked for more detailed information in the next section.

Grade School: _____ **High School:** _____

GED College: _____ **Graduate School:** _____

HIGH SCHOOL

Name: _____ Location: _____

Received: ☐ Diploma ☐ Certificate of Completion ☐ GED ☐ None, highest grade completed: Choose an item.

*Provide proof of high school graduation and/or level of education as required. **Incomplete applications will not be considered.**

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE	# CREDIT HRS	MAJOR/MINOR	DEGREE EARNED
		(from)	(qtr)		
		(to)	(sem)		

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE	# CREDIT HRS	MAJOR/MINOR	DEGREE EARNED
		(from)	(qtr)		
		(to)	(sem)		

*Provide proof of college degree and/or level of education as required. **Incomplete applications will not be considered.**

OTHER TRAINING/COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE	# CREDIT HRS	MAJOR/MINOR	DEGREE EARNED
		(from)	(qtr)		
		(to)	(sem)		

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE	# CREDIT HRS	MAJOR/MINOR	DEGREE EARNED
		(from)	(qtr)		
		(to)	(sem)		

*Provide proof of college degree and/or level of education as required. **Incomplete applications will not be considered.**

KNOWLEDGE/SKILLS/ABILITIES (KSAs). List KSAs and/or certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in languages(s), supervisory or management certifications, etc.

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: _____

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: _____

Note: 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.

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System or exemption from such registration? ☐ Yes ☐ No ☐ N/A

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other covered employee* or the spouse or child of one who is exempt from public records under §119.07, Florida Statutes? ☐ Yes ☐ No

*Other covered jobs include correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement and certain investigators in the Department of Children and Families (see State Statute 119.07).

CERTIFICATION

I understand that omissions, falsifications, misstatements, or misrepresentations of the information provided by me 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 provide may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature: _____

Date: _____

By clicking below, you have electronically signed this application and confirmed that the information provided is true and factual.

Your Name: _____

Position Title For Which You Are Applying: _____

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

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. Department of Veterans' Affairs 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 one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or comparable document which serves as a certificate of release or discharge **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 Section 1.01 F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the 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 is only available to Florida residents.

If 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.

VETERANS' PREFERENCE CLAIM

If eligible, which Veterans' Preference category are you claiming? _____
(Please indicate number from Veterans' Preference Information Section Above.)

Have you ever been employed by any governmental entity within the state of Florida: ☐ Yes ☐ No

Are you a resident of the state of Florida? ☐ Yes ☐ No

Note: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

Statement of Policy

Physical or psychological examinations and drug or alcohol screening tests may be required at the time of hire and during employment to determine fitness for duty, and to maintain a work environment that is free from alcohol, controlled substances or illegal drugs.

Equal Employment Opportunity

It is the policy of the Authority Board of Directors to subscribe to the principle of Equal Employment Opportunity. All recruitment, hiring, training and promotion of persons employed by the Authority in all positions is accomplished without regard to race, color, religion, sex, national origin, age, disability or marital status.

Competing in the Selection Process

The first step the Authority takes in the selection process is to review the applications which have been received to determine who is eligible to compete further in the selection process. The Authority uses job-related criteria to determine those applicants who will be asked to participate in additional assessment steps such as an oral interview, a work sample exercise, or a proficiency test. The job-related information gained during the selection process will assist the hiring official in making the final selection decision. Veterans' preference is also considered by the Authority in the decision-making process.

If, because of a disability, you require a special accommodation to participate in the application and selection process, please notify the Authority in advance.

Employee Appointment

All employees of the Authority are at will employees. Upon appointment, all employees are given probationary status for a period for not less than six months. Employees attain regular status upon satisfactory completion of the prescribed probationary period.