6460 35TH Street N.

Pinellas Park, FL 33781-6221 Tel: (727) 528-8022

Fax: (727) 528-9444

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Federal and state laws prohibit discrimination on the basis of sex, race, creed, religion, color, national origin, citizenship, age in accordance with applicable law, handicap, disability, medical condition, marital and veterans' status in all practices, privileges, and conditions of employment. Pinellas Park Water Management District strictly adheres to these laws and regulations and will consider all qualified applicants for employment without regard to any of these factors. Please notify Human Resources at 727-528-8022 in advance if you need reasonable accommodations to participate in the employment process.

GENERAL INSTRUCTIONS

- Please type or print in ink.
- To be considered for employment, complete your application in its entirety, sign in the Applicant's Statement Section and specify the position for which you are applying.
- Your application must be received by the closing date.
- A separate application must be submitted for each vacancy.
- Photocopies are acceptable.
- All information you submit is subject to verification.
- Pinellas Park Water Management District hires only U.S. Citizens and lawfully authorized alien workers.
- If you require special disability accommodations, notify Pinellas Park Water Management District's hiring authority in advance.

PINELLAS PARK WATER MANAGEMENT DISTRICT $6460\ 35^{\mathrm{TH}}$ Street N.

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GENERAL INFORMATION

| Position(s) Applied for: | | | | | Date of Application: | | |
|--------------------------|---|-------------|---------------|------------|----------------------|---------------------|--|
| Adv | ou Learn Abou vertisement ployment Ager | | _ Advertisem | ent | | | |
| Address | Number | Street | | City | State | Zip Code | |
| Telephone 1 | Number(s) | | | | | | |
| - | nder 18 years o | of age, can | you provide | required p | proof of your eligib | oility to work? | |
| | ver filed an app | | | | | | |
| • | ver been emplo No | • | | e date | | | |
| - | rrently employe | ed? | | | | | |
| • | ntact your prese | ent employ | er? | | | | |
| On what da | te would you b | e available | for work? | | | | |
| Are you ava | ailable to work: | | _Full Time | Part Ti | meShift Work | xTemporary | |
| - | rrently on "lay- No | off" status | and subject t | o recall? | | | |
| - | vel if a job requ | uires it? | | | | | |
| Are you phyYes | = | wise unab | le to perform | the duties | of the job for whic | h you are applying? | |

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CITIZENSHIP

PPWMD 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.

| Immigration Status? | ally becoming employed in this country because of a Visa or |
|--|--|
| YesNo | If "Yes", give date |
| <u>B</u> | SACKROUND INFORMATION |
| • | f a felony or fist degree misdemeanor? If "Yes", what charges |
| Where convicted | Date of Conviction |
| misdemeanor? | dere or pled guilty to a crime which is a felony or a first degree |
| | If "Yes, what charges |
| Where | Date |
| Have you ever had the adjudicate misdemeanor? | ion of guilt withheld for a crime which is a felony or a first degree |
| YesNo | If "Yes", what charges. |
| Where? | Date |
| consideration. Each case is conrequirements of the job. Section disqualified from employment s denied employment only if the orelated to the position of employment. | conviction(s) will not necessarily disqualify you from asidered individually, considering the nature of the offense and a 112.011 of the Florida Statutes provides that a person cannot be olely because of a prior conviction of a crime. A person may be crime was a felony or first-degree misdemeanor and it is directly ployment being sought. However, withholding of falsifying ermination if hired. Records searches are made on every |

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PUBLIC RECORDS

Be advised that the Florida State Supreme Court has ruled that all information supplied while making application with all state, county, and municipal entities and agencies becomes a part of Public Record under provisions of Chapter 119 of the Florida Statutes, and as such must be made available to interested parties upon specific request.

The State of Florida has created some exemptions to this law to protect citizens whose jobs or whose parents'/spouses' jobs may be a security issue.

The exemptions are as follows:

- 1. Active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.
- 2. Firefighter certified in compliance with § 633.35, Fla Stat.
- 3. Justice of the Supreme Court, district court of appeal judge, circuit court judge, or county court judge.
- 4. Current or former state attorney, assistant state attorney, statewide prosecutor or assistant statewide prosecutor.
- 5. Current or former human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.
- 6. Current or former United States attorney or assistant United States attorney.
- 7. Current or former judge of the United States Courts of Appeal, United States district judge, or United States magistrate judge.
- 8. Current or former code enforcement officer.
- 9. Current or former guardian ad litem as defined in Section 39.820 of the Florida Statutes (written statement required).
- 10. Other. If your exemption does not appear in the list above, select "Other" in the "Public Records Category" field below.

If you or your parent/spouse fall into any of the exempt categories above, please let us know by writing all of the responsive corresponding numbers below. Otherwise, skip this section.

If more than 1 exemption for a person is listed please identify each exemption applicable to each person.

| Public Records Category #:_ | | | | | |
|---------------------------------------|----------|-------------|------------|-------------|------|
| If you selected "Other", please expla | ain you | r exemption | n: | | |
| Who is employed in this category? | Self | Spouse | Child | Parent | |
| who is employed in this eategory. | - Scii _ | _ Spouse_ | _ Ciiiid _ | _ 1 al clit | |

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EDUCATION

| | Elementary School | High School | Undergraduate College/University | Graduate/ Professional |
|---|----------------------|-------------|-------------------------------------|---------------------------|
| School Name and | | | | |
| Location | | | | |
| Years Completed | 4-5-6-7-8 | 9-10-11-12 | 1-2-3-4 | 1-2-3-4 |
| Diploma/Degree | | | | |
| Describe Course of | Study | | | |
| Describe any specialized training, apprenticeship, skills and extracurricular activities Describe any honory you have received | S | | | |
| State any additional information you fee may be helpful to us in considering your application | 1 | | | |

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

| 1 | | | |
|----|--|--|--|
| | | | |
| | | | |
| 2 | | | |
| | | | |
| | | | |
| 3. | | | |

Work Performed - Duties and

Responsibilities

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Describe your work experience in detail, beginning with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Resumes may be attached to provide additional information. All information in this section <u>must</u> be completed.

Dates Employed From/To

| Address: | | |
|----------------------|--------------------------------------|-----------------------------|
| | | |
| Telephone Number(s): | Hourly Rate/Salary Starting/Final | |
| | | |
| Job Title: | | |
| Supervisor: | | |
| Supervisor. | | |
| Reason for Leaving: | | |
| | | |
| | | |
| 2. Employer | Dates Employed From/To | Work Performed - Duties and |
| | From/10 | Responsibilities |
| Address: | | |
| Address: | | |
| T 1 1 1 () | 77 1 5 (2.1 | |
| Telephone Number(s): | Hourly Rate/Salary Starting/Final | |
| | | |
| Job Title: | | |
| Supervisor: | | |
| | | |
| Reason for Leaving: | | |

1. Employer

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| | | 1 ax. (121) 320-7444 |
|----------------------|--------------------------------------|---|
| | | |
| 3. Employer | Dates Employed From/To | Work Performed - Duties and Responsibilities |
| Address: | | |
| Telephone Number(s): | Hourly Rate/Salary Starting/Final | |
| Job Title: | | |
| Supervisor: | | |
| Reason for Leaving: | | |
| | | |
| 4. Employer | Dates Employed From/To | Work Performed - Duties and Responsibilities |
| Address: | | |
| Telephone Number(s): | Hourly Rate/Salary Starting/Final | |
| Job Title: | | |
| Supervisor: | | |

Reason for Leaving:

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If you need additional space, please continue on a separate sheet of paper.

KSAs/LICENSES/LANGUAGES

| Knowledge/Skills/Abilities (KSAs) | | | |
|--|--|--|--|
| List KSAs you possess and are relevant to the position you seek (e.g., wpm typing speed, computer knowledge, machinery operation, etc.). | | | |
| | | | |
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| | | | |
| Licenses/Certification | | | |
| Describe any professional licenses, certifications, or registrations pertinent to the position for which you are applying. | | | |
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Languages and Additional Information

List languages you are fluent in (verbal/written) and provide any additional information helpful to use in considering your application

| Indic | cate any foreign language | s you can speak, read and | d/or write |
|----------------------|--------------------------------|---------------------------|-----------------------------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |
| seek. | rships which would reveal sex, | | rtinent to the position you |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Military | | | |
| Have you had any job | p-related training in the U | nited States military? | |
| Yes | _No If "Yes", | please describe. | |
| | | | |
| | | | |
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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 unremarried widow or widower of a veteran who dies 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 § 1.01, Fla. Stat. 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.

| If eligible, which veterans' preference category are you claiming? (Please indicate the number from Veterans' Preference Information section above.) | |
|---|-------|
| Have you ever been employed by any governmental entity within the State of Flor | rida? |
| YesNo | |
| Are you a resident of the State of Florida? | |
| YesNo | |

<u>NOTE</u>: 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.

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EMPLOYMENT DATA RECORD

| VOLUNTARY SURVEY | | | | |
|--|--|--|--|--|
| , ozerrini sent zi | | | | |
| Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. | | | | |
| As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. | | | | |
| The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and <u>are not</u> a part of your Application for Employment or personnel file. | | | | |
| Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. | | | | |
| | | | | |
| Current Job: | | | | |
| Check One: Male Female | | | | |
| Check One Of The Following: (Ethnic Origin) | | | | |
| WhiteHispanicAmerican Indian/Alaskan Native | | | | |
| BlackOtherAsian/Pacific Islander | | | | |
| | | | | |

Birthdate:

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IMPORTANT NOTICES

- The District complies with the federal Drug-Free Workplace Act of 1988. Offers of employment may be contingent upon successful completion of a drug-screening test.
- Should you be offered employment, we will need to verify your eligibility for employment in accordance with the U.S. Immigration and Reform Act of 1986. Various forms of identification are outlined by this legislation.
- The District complies with the Americans with Disabilities Act of 1990. Requests for accommodations in the application and selection process should be made with the District. Verification of need for accommodation may be required. Reasonable accommodations will be made on a case-by-case basis.
- The District is an Equal Employment Opportunity Employer.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I understand the Florida State Supreme Court has ruled that all information supplied while making an application with all state, county, and municipal entities and agencies becomes a part of Public Record under provisions of Chapter 119 of Florida Statues unless exempt, and as such must be made available to interested parties upon specific request.

I authorize the District to thoroughly investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize the District to obtain college or university transcripts, and/or employment references from my former employer.

I understand a false answer to any question may be grounds for denied employment

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this District.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

| I understand that I am required to abide by all rules and regulations of the Employer. | | |
|--|------|--|
| | | |
| | | |
| Signature of Applicant | Date | |

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FOR PERSONNEL DEPARTMENT USE ONLY

| Arrange Interview | Y | es | No | | |
|-----------------------|-------------|---------|-------------|-------------|----------|
| Remarks | | | | | |
| | | | | | |
| | | | | | |
| | | | Intervie | | Date |
| Employed | | | | | |
| Job Title | | | | | |
| Ву | | 1.001.1 | | | |
| Name and Title | | | | | Date |
| NOTES: | | | | | |
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| | FOR PEI | RSONNE | L DEPARTMEN | IT USE ONLY | <u>/</u> |
| | | | | | |
| Position(s) Applied | For Is Open | L | Yes | No | |
| () 11 | • | · | | - | |
| Position(s) Consider | ed For | | | | |
| r obition(b) constact | <u></u> | | | | |
| | | | | | |
| | | | Data | | |
| | | | Date | | |
| NOTES: | | | | | |
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