



Northwest Florida
Water Management District

EMPLOYMENT APPLICATION

Equal Opportunity
Employer/Affirmative Action Employer
www.nfwwater.com

FOR OFFICIAL USE ONLY

Agency Authorized Signature _____ Date _____ Status _____

POSITION APPLIED FOR

Title	
Position Number	Date Available
Counties of Interest	
Minimum Acceptable Salary \$	

GENERAL INSTRUCTIONS

- Modified versions of this form will not be accepted.
- To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.
- All information you submit is subject to verification.
- If you require special disability accommodations, notify the agency's hiring authority in advance.
- If claiming Veteran's Preference complete the Veteran's Preference Section, a copy of your DD214 is required.
- A separate application must be submitted for each vacancy.

YOUR NAME			
YOUR MAILING ADDRESS			
CITY	COUNTY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS			

EDUCATION

HIGH SCHOOL

NAME/ADDRESS OF SCHOOL	RECEIVED: Diploma None Other (specify)
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YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:

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

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (mm/yyyy)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TRAINING CLOMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: PG, PE, EIT, TEACHER CERTIFICATION, CPA, ETC.

LICENSE REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State
Drivers License				

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 services (indicate rank) and job-related 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 on the application. Resumes are acceptable for the description of duties and responsibilities only. All other information in this section must be completed.

1 Name of Present or Last Employer:			
Address:		Phone #:	
Your Job Title:		Supervisors Name:	
From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Hours Per Week	
Duties and Responsibilities:			
Reason for Leaving:			
Annual Salary:		Starting	Ending
<i>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</i>			

2 Name of Previous Employer			
Address:		Phone #:	
Your Job Title:		Supervisors Name:	
From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Hours Per Week	
Duties and Responsibilities:			
Reason for Leaving:			
Annual Salary:		Starting	Ending
<i>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</i>			

3 Name of Previous Employer			
Address:		Phone #:	
Your Job Title:		Supervisors Name:	
From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Hours Per Week	
Duties and Responsibilities:			
Reason for Leaving:			
Annual Salary:		Starting	Ending
<i>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</i>			

4 Name of Previous Employer			
Address:		Phone #:	
Your Job Title:		Supervisors Name:	
From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Hours Per Week	
Duties and Responsibilities:			
Reason for Leaving:			
	Annual Salary:	Starting	Ending
<i>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</i>			

5 Name of Previous Employer			
Address:		Phone #:	
Your Job Title:		Supervisors Name:	
From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Hours Per Week	
Duties and Responsibilities:			
Reason for Leaving:			
	Annual Salary:	Starting	Ending
<i>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</i>			

6 Name of Previous Employer			
Address:		Phone #:	
Your Job Title:		Supervisors Name:	
From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Hours Per Week	
Duties and Responsibilities:			
Reason for Leaving:			
	Annual Salary:	Starting	Ending
<i>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</i>			

Knowledge/Skills/Abilities: Please list skills you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in a language, etc.

Important Questions *Failure to answer these questions completely and accurately may disqualify you from consideration.*

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE		
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 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, 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 § 119.07 F.S.) .		
CITIZENSHIP		
The Northwest Florida Water Management District hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or 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
RELATIVES		
To your knowledge, do you have any relatives working in this agency?	YES	NO
SELECTIVE SERVICE SYSTEM REGISTRATION		
If you are a male between the ages of 18 and 26, do you have proof of registrations with the selective service system or exemption from such registration?	YES	NO
BACKGROUND INFORMATION		
The District conducts a thorough background check; answers inconsistent with the background check may disqualify you from consideration.		
1. HAVE YOU BEEN DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT? If YES, please explain:	YES	NO
2. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? If YES, what charges? Where convicted? _____ Date of Conviction: _____	YES	NO
3. HAVE YOU EVER PLEADED NOLO CONTENDERE (NO CONTEST) OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? If YES, what charges? Where? _____ Date: _____	YES	NO
4. HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? If YES, what charges? Where? _____ Date: _____	YES	NO
<i>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. (attach supplemental sheet if necessary):</i>		

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** 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, 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 the Northwest Florida Water Management District for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for District employment are public records. I certify that to the best of my knowledge and belief all the statements contained herein and on any attachments are **true, correct, and made in good faith.**

Signature: _____

Date: _____



Employer, remove this section upon completion of the selection process.

Veterans' Preference Claim

Your Name:	
Position Title for which you are applying:	Position #:
VETERANS' PREFERENCE INFORMATION	
Completion of the Veterans' Preference section 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.	
<ol style="list-style-type: none"> 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected 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. <p>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, F.S. Veterans' Preference shall expire after an eligible person has been employed 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.</p> <p>If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Largo, Florida 33778. 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.</p>	
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.	



Employer, remove this section upon completion of the selection process.

EEO SURVEY

Although the following information is not mandatory, it is requested to aide the Northwest Florida Water Management District in its commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Tallahassee, FL 32301.			
Position Title for which you are applying:		Position #	
Date of Birth:	Gender:	Female	Male
Race (check one):	White	Black/African American	Asian
	Hispanic	Native Hawaiian/Other Pacific Islander	American Indian / Alaska Native
		Other (specify):	