



Loxahatchee River District

Employment Application

An Equal Opportunity Employer

The District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Applicants requiring assistance filling in this form, or during any phase of the application, interview, or employment process should notify the Human Resource Department of the District and every reasonable effort will be made to accommodate your needs in a timely manner.

The District is an 'at-will' employer. Drug Free Workplace.

Do not fill out any part of this section that you believe to be non-job-related. For example, if driving is not required in the job for which you are applying, do not answer questions about whether you have a driver's license.

Applicant Information

Applicant's Legal Name: _____ Date: _____

Home Phone: _____

Additional Phone Numbers: _____

Email Address: _____

Current Address

Number and Street: _____ Apt # _____ Box # _____

City: _____

State & Zip: _____

How were you referred to the District?: _____

Did any employer, school or reference know you by another name Yes No

If yes, indicate other name: _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? Y or N
- Regular part-time work? Y or N
- Regular full-time work? Y or N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? ___ / ___ / ___

Can you work on the weekends? Y or N

Can you work evenings? Y or N

Are you available to work overtime? Y or N

Salary desired: \$ _____

Personal Information:

Have you ever applied to / worked for the District before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for the District? Y or N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed _____

(Note: The District complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Do you have a valid Driver's License? Yes No

If no, can you obtain one? Yes No

Class? _____

Violations? _____

Your Driving Record will be checked if the position for which you are applying requires use of a District vehicle.

Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned?: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma? : _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Related details: _____

Additional Information

Professional

Professional Licenses/Certification/Registration	Year	Expiration Date	State	Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Related Skills

Indicate any equipment, computer equipment, software, etc. with which you are proficient:

Do you speak, write or understand any foreign languages? Y or N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills, which you feel, should be brought to our attention, in the case that they make you especially suited for working with us? Y or N

If yes, please explain: _____

Employment History

Are you currently employed? Y or N

If you are currently employed, may we contact your current employer? Y or N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Please list additional employers on a separate sheet.

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by the District, terms for my immediate expulsion from the District. _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the District. _____

I permit the District to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure.

I personally completed this application myself Yes No

If no, name of person who assisted: _____

Applicant's Signature: _____

Date: _____

APPLICATION FOR VETERANS' PREFERENCE

Applicants wishing to claim Veterans' Preference in employment must complete this form and submit as an attachment to your employment application, along with required documentation.

I wish to claim Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category: (Check one)

- A Veteran who served on active duty in any branch of the U.S. Armed Forces and received an honorable discharge with an existing compensable service-connected disability who is eligible for or receiving compensation under public laws administered by the DVA OR a disabled veteran who is receiving compensation, disability, retirement benefits or pension under public laws administered by the DVA and the Department of Defense.
- 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 in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- A Veteran of any war who has served at least one day on active duty during a wartime period as defined in Fla. Stat. Section 1.01 (14), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America or served in a campaign or an expedition for which a campaign badge or expeditionary medal was authorized.
- The unremarried widow or widower of a Veteran who died of a service-connected disability.
- The mother, father, legal guardian, or unremarried widow or widower of a member of the US Armed Forces who died in the line of duty under combat-related conditions as verified by the United States Department of Defense.
- A Veteran as defined in Section 1.01 (14), Florida Statutes: The term 'Veteran' excludes active duty training and means a person who served in the active military, naval, or air service and who was discharged under honorable conditions.
- A current member of any reserve component of the United States Armed Forces or The Florida National Guard.

Wartime Periods:

World War II: December 7, 1941 to December 31, 1946
Korean War: June 27, 1950 to January 31, 1955
Vietnam War: February 28, 1961 to May 7, 1975

Persian Gulf War: August 2, 1990 to January 2, 1992
Operation Enduring Freedom: October 7, 2001 to TBD
Operation Iraqi Freedom: March 19, 2003 to TBD
(aka Operation New Dawn)

Character of Discharge: (Check one)

Honorable: General: Dishonorable: Other (explain): _____

Documents that must be submitted at time of application in order to claim preference:

Veterans, disabled Veterans, spouses of disabled Veterans and family members shall furnish a DD-214 or military discharge papers, or equivalent certification listing military status, dates of service and Character of Discharge.

Disabled Veterans shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the Veteran has a service-connected disability.

Spouses of disabled Veterans shall also furnish either a certification from the Department of Defense or the DVA that the Veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the Veteran and a statement that the spouse is still married to the Veteran at the time of the application for employment; the spouse shall also submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability.

Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.

The mother, father, legal guardian, or unremarried widow or widower of a deceased Veteran shall furnish a document from the Department of Defense or DVA certifying the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran. The unremarried widow or widower shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.

Current reserve and National Guard members provide a letter from their Commanding Officer stating the dates of their military service.

Certification

I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that falsification of this information will result in my dismissal if employed. I have received notice of the appropriate procedures to follow in order to initiate an investigation into any non-compliance with the Veterans' Preference laws.

Applicant Name: (Printed) _____

Applicant's Signature _____ **Date** _____

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/Veterans' Preference 9500 Bay Pines Blvd., Room 214, St. Petersburg Florida 33708 within 21 days of the applicant receiving notice of the hiring decision by the employing agency or within 3 months of the date an application is filed with the employer if no notice is given.



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Drug Free Workplace/EEO Employer
02/2018