



Lake Apopka Natural Gas District

1320 Winter Garden-Vineland Rd
 Winter Garden, FL 34787
 Phone (407)656-2734 Fax(407)656-9371

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Last	First	Middle	Date of Application
Have you ever been educated or worked under a different name? If yes, please indicate			SS# (optional)
Home Address (Number, Street, City, State and Zipcode)			Phone Number () -
Mailing Address if different from home Address (Number, Street, City, State and Zip code)			

Position	Date Available
Hours preferred: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary	How were you referred to us?

	School Name and Full Address	Dates Attended		Type of Degree Date Received	Course of Study	GPA
		From	To			
<input type="checkbox"/> High School <input type="checkbox"/> Equivalent		MM/YY				
Business or Technical School						
License/Certificate <input type="checkbox"/> No <input type="checkbox"/> Yes	List License Held with Number and Expiration Date if Appropriate.					
College or University						
Graduate School						
Other						

	US Armed Forces	Branch of Gov't/Military	Dates of Duty		Title	GS Lev/Rank at Separation
			From	To		
<input type="checkbox"/> No <input type="checkbox"/> Yes						
<input type="checkbox"/> No <input type="checkbox"/> Yes						

Include any information you think would be helpful to us in considering you for employment such as scholastic honors, offices held, scholarships, professional societies, activities, accomplishments or hobbies. Do not list organizations which reveal race, religion, color, national origin, age, sex or disability.

If you did not graduate, why did you leave school or college.

List any courses or training you have completed which will aid us in evaluating your qualifications for the position you are seeking. Use additional sheets if necessary. (Example: if applying for a clerical position, note training such as word processing, typing, calculator, computer.) Also, please note any computer programs with which you are familiar.

Course	School or course sponsor	Describe course content	Grade

List below all places of employment or your whereabouts during the past FIVE years and all other significant employment prior to the past FIVE years. Include self-employment, military service, summer, and part-time jobs. If you worked for one employer on more than one occasion use a separate space below for each period. If unemployed, list residence and dates when unemployed. (Use additional sheet of paper if required.)

Current Employer	Salary \$	Job title and duties	Supervisor's Name	Reason for leaving
Full Address	Telephone Number () -	From (MM/YY) To	Still in business <input type="checkbox"/> No <input type="checkbox"/> Yes	May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes
Former Employer	Salary \$	Job title and duties	Supervisor's Name	Reason for leaving
Full Address	Telephone Number () -	From (MM/YY) To	Still in business <input type="checkbox"/> No <input type="checkbox"/> Yes	May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes
Former Employer	Salary \$	Job title and duties	Supervisor's Name	Reason for leaving
Full Address	Telephone Number () -	From (MM/YY) To	Still in business <input type="checkbox"/> No <input type="checkbox"/> Yes	May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes
Former Employer	Salary \$	Job title and duties	Supervisor's Name	Reason for leaving
Full Address	Telephone Number () -	From (MM/YY) To	Still in business <input type="checkbox"/> No <input type="checkbox"/> Yes	May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes

If presently employed, why do you wish to change positions? _____

Are you below the age of 18? No Yes If yes, indicate age _____ Are you authorized to work in the United State? No Yes
Can you supply proof of such authorization? No Yes

If you are hired you will be required to submit proof of citizenship, or furnish proof of your right to work in the United States

Have you made any application at the District within the last six months? No Yes
Have you ever been convicted of, had adjudication withheld, or plead nolo contendere (no contest) or guilty to, a violation of any federal, state, county, or municipal laws? No Yes

If yes, please list the date and place of the offense, charge, and disposition. Include any convictions as a result of court-martial while in the military service. Do not include arrests without conviction or motor vehicle violations for which the only penalty imposed was a fine of \$300 or less (The existence of a criminal record does not constitute an automatic bar to employment.)

Date	Court Address (City, State)	Charge	Disposition

Have you been arrested for any crime which has not yet been adjudicated? No Yes

If yes, please state the circumstances and current status of each arrest. A record of arrest will not be factored into the employment decision.

References: List three persons (not relatives, nor employers) who can confirm your residences, employments and character. Use persons who have known you for at least five years - examples include District employees, neighbors or co-workers.

Name	Full Address	Daytime phone number	Years known

VETERANS' PREFERENCE

Check the appropriate block if you are claiming veterans' preference
Documentation substantiating your claim must be furnished at time of application.

- 1. A veteran with a service-connected disability who is eligible for receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration 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 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the United States of America if any part of such active duty was performed during a war time era, excluding active duty for training, **or**
- The unmarried widow of a veteran who died of service connected disability.

Branch of Service

Date of Entry

Date of Discharge

Have you claimed and been employed using veteran's preference since October 1, 1987? No Yes

If yes, Name of Employer: _____

Note: Under Florida law, preference in appointment shall be given by the state first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above: If an applicant claiming veterans preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or at any time notice is given.

Applicant's Signature

Date of Signature

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask before signing.

Lake Apopka Natural Gas District ("the District") does not discriminate in hiring or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination.

(Initial) _____

I hereby certify that the answers and statements given by me in this application are correct and without consequential omissions of any kind. I agree that a false statement or omission may result in the withdrawal of any employment offer or dismissal from employment resulting in this application

(Initial) _____

I understand that all statements made by me in connection with my application for employment may be verified. I authorize all persons and the District and their agents to release any and all records and information pertaining to my employment history, police record, education background, military service, or personal reputation and hereby release and indemnify all parties from liability for damage and agree to hold them harmless for providing this information.

(Initial) _____

I understand that the use of narcotics and alcohol is strictly prohibited at the District. Since an employee of the District is subject to blood tests or urinalysis screening for illegal drug use in accordance with the Department of Transportation, Pipeline Safety Regulations, Code of Federal Regulations, Title 49 C.F.R., Part 199, and since the District has adopted a program in compliance with the federal policy, if employed I agree to be bound by and comply with the federal law and the program of the District.

(Initial) _____

I understand that if I become employed by the District my employment and compensation are for no definite period and, regardless of the time and manner of payment of my wages, salary or other benefits, my employment and compensation can be terminated at any time, with or without cause and with or without notice at either the option of the company or myself. Should this application result in my employment, it should not be construed to imply the existence of an employment contract for any specified period of time. I further understand that there are no other arrangements, agreements or understanding, oral or in writing, relating to the understanding set out in this paragraph and that the understanding set out herein supersedes any prior contrary statements. I further understand that any purported modifications to the understanding set out in this paragraph will not be effective unless in writing and personally signed by a representative of The District having actual authority to do so.

(Initial) _____

I understand that this application will only be considered "active" for 30 calendar days from the date of application. If I have not obtained employment with the District within 30 days, but remain interested in obtaining employment with the District, I understand that I must complete a new application for my application to be considered for an additional 30 days.

(Initial) _____

I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact my supervisor, the General Manager or the Human Resource Department, to obtain assistance in the resolution of such matters.

(Initial) _____

I hereby acknowledge that I have read and fully understand each of the above statements.

Applicant's Signature

Date of Signature

For Driver Applicants Florida Driver's License _____ Exp. Date _____
 Please use pages below.

Driving experience

How many years have you been driving? _____ Employer's Vehicle _____ Passenger Car _____

How many years have you driven commercially? _____

Can you drive a clutch operated transmission vehicle? No Yes

List all driving licenses held:

State	Chauffeur's License		Operator's License		Restrictions
	No.	Exp. Date	No.	Exp. Date	

Has any license you ever held been: suspended When _____ Why _____ For how long _____
 Revoked In what State(s) _____

Have you had any other driving experience No Yes What size vehicle _____

Accident Record

How many accidents have you ever been involved in, regardless of severity? _____

How many as an operator: Commercial vehicles _____ Private cars _____

	Date	City and State	Brief description of accident
Last Accident			
Next Previous			
Next Previous			

Traffic Violations

List all traffic violations, other than parking, for which you have ever been cited:

Date of Violation	Crime, Infraction or Offense	Name of court	Court Location	Date of Conviction	Disposition and Fine

Indicate any safe driving awards you have received and from whom. _____

 Applicant's Signature

 Date of Signature