



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

FLORIDA KEYS AQUEDUCT AUTHORITY

Application For Employment

FKAA is an equal opportunity employer and always Employs the best qualified individual for the job based upon job related qualifications and regardless of race, color, creed, pregnancy, sex, national origin, age, handicap or other protected groups under federal, state or local law.

PLEASE PRINT

PERSONAL	Name: Last: First: Middle/Maiden: Date:
	Street Address: City: State: Zip:
	Home Phone: Social Security Number: Are you at least 18 years old?
	Are you legally authorized to work in the U.S.? Yes [] No []
	Have you ever been convicted of a felony? If yes, explain:
	Driver's License # State of Issuance: Can you travel if job requires?

JOB INTEREST	Position Desired: Salary Desired:
	Who referred you to FKAA? Date Available:
	Have you ever applied to FKAA before? If so, Where and When?
	If you have worked for FKAA before, state where and dates: Are you employed now? [] Yes [] No May we contact your present employer? [] Yes [] No

EDUCATION/TRAINING		Elementary	High School	College/University	Graduate/Professional
	School Name City, State				
	Total Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
				Degree Received:	Degree Received:
				Course of Study:	Course of Study:
	Describe below any specialized training, vocational training, apprenticeships, computer or other job related skills, extra curricular activities and/or honors received:				

Start with your present or last job and list all previous employers

WORK EXPERIENCE

1.	Employer	Dates Employed		WORK PERFORMED
		From	To	
	Address Phone #			
	Job Title	Hourly Rate/Salary Starting Final		
	Supervisor			
	Reason for Leaving			
2.	Employer	Dates Employed		WORK PERFORMED
		From	To	
	Address Phone #			
	Job Title	Hourly Rate/Salary Starting Final		
	Supervisor			
	Reason for Leaving			
3.	Employer	Dates Employed		WORK PERFORMED
		From	To	
	Address Phone #			
	Job Title	Hourly Rate/Salary Starting Final		
	Supervisor			
	Reason for Leaving			
4.	Employer	Dates Employed		WORK PERFORMED
		From	To	
	Address Phone #			
	Job Title	Hourly Rate/Salary Starting Final		
	Supervisor			
	Reason for Leaving			

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

Special Skills and Qualifications

Summarize special skills and qualifications or licenses acquired from employment or other experience.

MILITARY	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		
	U.S. Military or Naval Service:	Rank:	Present Membership in National Guard or Reserves:
	From:	To:	Indicate any special Training Received:

Under Florida law, preference in employment shall be given first to those persons included in 1 and 2 below, and second to those persons included under 3 and 4 below.

Please indicate whether or not you are claiming Veterans Preference. (Note: Documentation substantiating your claim must be furnished at the time of application.)

I claim Veterans Preference because I am (check one):

1. Veteran with a compensable service connected disability and I am eligible to receive compensation, disability retirement or a pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.

2. I am 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.

3. I am a veteran of any war who has:

* served on active duty for 181 consecutive days or more.

or

* served 180 consecutive days or more since January 31, 1955 and who was discharged or separated with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era. (Active duty for training is not allowable.)

4. I am the unremarried widow or widower of a veteran who died of a service connected disability.

Branch of Service

Date of Entry

Date of Discharge

Have you claimed and been employed through Veterans Preference since October 1, 1987?

Yes

Name of Employer: _____

No

I do not claim Veterans Preference.

Note: Applicants who claim a Veterans Preference and are not selected for a position may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given a complaint may be filed at any time.

VETERANS PREFERENCE

REFERENCES	PLEASE LIST THREE BUSINESS REFERENCES (PERSONS YOU HAVE WORKED FOR OR WITH)			
	Name	Position	Company & Address	Phone No.

PHYSICAL RECORD	Do you have any physical condition, mental or medical impairment which may limit your ability to perform the essential functions of the job applied for with reasonable accommodations? If Yes, please explain		
	Person to be notified in Case of Emergency:		
	Name	Address	Phone No.

SIGNATURE	I certify that my answers to the questions on this application are true and complete and give the FKAA the right to investigate all references and information given. I understand that false statements or omission of facts will be cause for refusal to hire or for immediate dismissal. I understand also, that if hired I will be required to abide by all policies and rules of the FKAA.	
	Name (Signature)	Date:

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

REMARKS: _____



Florida Keys Aqueduct Authority

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Mary L. Rice
Chairman
Marathon

J. Robert Dean
Vice-Chairman
Key West

Elena Z. Herrera
Secretary/Treasurer
Rockland Key

Rose M. Dell
Big Pine Key

David C. Ritz
Key Largo

James C. Reynolds
Executive Director

RELEASE

I hereby authorize the Florida Keys Aqueduct Authority to investigate all Employment References, Personal References, Workers' Compensation, Criminal and Driver's License Records.

Signature

Date