

GATEWAY SERVICES DISTRICT

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

COMPLETE THIS SECTION ONLY IF A DRIVER'S LICENSE IS REQUIRED FOR THE POSITION
<input type="checkbox"/> Class D <input type="checkbox"/> Class E <input type="checkbox"/> Class A CDL <input type="checkbox"/> Class B CDL <input type="checkbox"/> Class C CDL <input type="checkbox"/> With endorsement State _____ Expiration Date: _____

Please Read Carefully Before Signing

APPLICANT'S CERTIFICATION AND AGREEMENT

I UNDERSTAND AND AGREE that, except as specifically prohibited by state law or District ordinance or regulations, all District policies and procedures do not create any property rights in employment; and that employment may be terminated by either the employee or the District with or without cause.

I CERTIFY that all information given out in this employment application, in related documents and in all interviews is true and correct, I understand that the District may make a thorough investigation of my character, reputation, past employment and other relevant history. I authorize the giving and receiving of any such information requested by the District (including financial and credit records) and hereby relieve and release all former employers and their agents of any liability for any information they may give to the District. I also authorize educational institutions to furnish any records of my education, coursework, and/or degrees granted while attending that institution. I hereby waive any rights or claims I may have whether present fully developed or not against District or its agents or employees arising out of or resulting from the release, authorized or unauthorized, of the following information received pursuant to or in connection with the Districts handling, processing, investigation, etc., of my application for employment with the District.

I UNDERSTAND that if hired, I will be place on 90 day's probationary period commencing on your date of hire. I further understand that if in accordance with Florida Statute 443.131 (3)(a)(2). If I am terminated for unsatisfactory work performance within the 90 day probation, the employer's unemployment account shall not be charged for any unemployment benefits paid me.

I AGREE to submit to any appropriate testing, including to determine the presence of alcohol or illegal controlled substances in my body, under whatever policies or procedures District Services has in effect at the time testing is required.

I AGREE to pre-employment testing if requested and understand that failure to meet any job-related medical and/or health requirements for the positions may prevent employment by the District.

I UNDERSTAND that all employees who do not have a written employment contract with a limited and specified duration are employed at the will of the District and that all offers of employment are contingent upon successful completion of all background investigations; which may include, but are not limited to employer and non-employer references and, where applicable, pre-employment testing.

I UNDERSTAND that the District will not tolerate sexual and any other form of unlawful harassment. I understand that I have affirmative obligation to report incidents and participate in any investigation as requested. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate dismissal.

I UNDERSTAND that falsification of any information so given or other information that, wither singly or cumulatively, would tend to negatively impact the hiring decision discovered as a result of any background check or investigation may be grounds for not hiring an applicant or may subject me to immediate dismissal if employed.

I AGREE that if hired by the District, upon termination of employment, I shall return all District property.

Applicant Name (PLEASE PRINT): _____

PREVIOUS Name(s): _____

Signature: _____ Date: _____