



Lake County Water Authority

27351 SR 19, Tavares, FL 32778

WEB Site: www.lcwa.org E-mail: info@lcwa.org

Phone (352) 324-6141, Fax (352) 324-6364

The Water Authority is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic.

A. [Redacted]

Please read and follow all instructions carefully. An improperly completed application will be disqualified from consideration. Your eligibility for the position will be determined solely on the information you provide on this employment application. A resume will not be considered as a substitute for the information requested on this application for purposes of qualification. However, you may attach your resume as supplemental information.

- Please type or print legibly in ink.
- Please specify the position for which you are applying for by title.
- Photocopies are acceptable, but must bear an original signature and date.
- Application must be received by the Water Authority by 5:00 p.m. on the closing date.
To be considered for employment, complete the application in its entirety. In the Applicant Acknowledgement section, you must initial where indicated, sign and date.
- Modified versions of this employment application will not be accepted.

B. [Redacted]

The Water Authority is an equal opportunity employer. Any qualified applicant is encouraged to apply for advertised positions. The Authority does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the Authority's functions, including one's access to, participation, employment, or treatment in its programs or activities. Anyone requiring reasonable accommodation as provided for in the Americans with Disabilities Act should contact the Lake County Water Authority at (352) 324-6141.

C. [Redacted]

Position Title: _____

D. [Redacted]

How did you hear about this position?

- Newspaper (specify): _____ Internet (specify site): _____
- Referral (word of mouth) specify: _____ Other (specify): _____

E. [Redacted]

Your Full Name: Last First Middle

Your Mailing Address City

State Zip Code Email Home Telephone Cell Phone

F. [Redacted]

Name and Address of High School City/State

Your Name, If Different While Attending School Received: Diploma None Other (specify): _____

G. [Redacted]

Name of School	City/State	Attendance Dates		Major	Degree Earned
		From	To:		

Your Name, If Different While Attending School: _____

H.

We will contact your present employer after an offer of appointment is accepted.

Please provide us with employment information for at least the past 10 consecutive years, beginning with your current/most recent employer. Include military service and volunteer work, if applicable. Provide an explanation of any gaps in employment. If not provided, you may be disqualified from consideration. Add additional sheets, if needed, using the format below.

NOTE: YOUR ELIGIBILITY FOR THE POSITION WILL BE DETERMINED SOLELY ON THE INFORMATION YOU PROVIDE ON THE WATER AUTHORITY EMPLOYMENT APPLICATION . A RESUME WILL NOT BE CONSIDERED AS A SUBSTITUTE FOR THE INFORMATION REQUESTED ON THIS APPLICATION FOR PURPOSES OF QUALIFICATION. HOWEVER, YOU MAY ATTACH YOUR RESUME AS SUPPLEMENTAL INFORMATION.

Name of Present or Last Employer _____ Telephone (____) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Your Job Title _____ Supervisor's Name _____

From _____ / _____
Month Year

Hours Per Week _____

To _____ / _____
Month Year

Annual Salary _____
or Hourly Rate _____ / _____
Starting Ending

Your name while employed in this job if different from application _____

Duties and Responsibilities _____

Reason(s) for Leaving _____

Name of Next Previous Employer _____ Telephone (____) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Your Job Title _____ Supervisor's Name _____

From _____ / _____
Month Year

Hours Per Week _____

To _____ / _____
Month Year

Annual Salary _____
or Hourly Rate _____ / _____
Starting Ending

Your name while employed in this job if different from application _____

Duties and Responsibilities _____

Reason(s) for Leaving _____

I.

Please provide any relevant information such as professional license, certification(s) required by the position, equipment or machines you can operate or any other related skills (e.g. typing, word processing, computer/software use) you wish us to know about

J.

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

Are you 18 years of age or older? Yes No
Are you legally eligible for employment in the United States? Yes No (Proof is required upon employment)
Do you possess a valid driver license? Yes No

The Water Authority conducts a thorough background check

Have you been discharged or asked to resign from employment? Yes No
Are you currently under arrest for any crime which has yet to be adjudicated, or is pending trial? Yes No
Have you ever pleaded nolo contendere (no contest) to a crime? Yes No
Are you currently using illegal drugs? Yes No

Answering 'yes' to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be considered in relationship to the position for which you are applying. Explain the specific circumstances (attach supplemental sheet if necessary):

K.

If you are not claiming Veterans' Preference, please skip to the next section. Documentation substantiating your claim must be furnished at the time of application (DD214 or Certification of Release or Discharge from Active Duty and any other required supporting documentation) or you will not be deemed eligible for Veterans' Preference. Previous employment with a governmental entity within the State of Florida will cause the Veterans' Preference to expire. Previous employment with a governmental entity outside the State of Florida will not expire the preference.

Are you claiming Veterans' Preference? ___ Yes ___ No
Have you entered into covered employment by a covered employer before this application? ___ Yes ___ No

If you are claiming Veterans' Preference, check the applicable box below:
___ 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
___ 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
___ A veteran of any war who has served on active duty at least one day during a wartime period and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America (active duty for training is not allowable), or
___ The unmarried widow or widower of a veteran who died of a service-connected disability.

Your name, if different while in the military _____ Branch of Service _____
Date Of Entry: _____ / _____ / _____ Date of Discharge: _____ / _____ / _____
Month Day Year Month Day Year

L. _____

To receive appointment consideration, applicant must initial where indicated, sign and date the Applicant Acknowledgement.

I understand that:

- The Lake County Water Authority employment application is a public record and may be inspected by any member of the public upon request.
- All statements made by me in connection with my application for employment may be verified by the Water Authority.
- Any misstatement or material omissions of information may result in refusal to hire or, if hired, immediate discharge.
- The Water Authority is a drug-free workplace. As a condition of my employment and continued employment, I will be required to submit to any testing for the presence of drugs, or alcohol, and to submit to any other procedure to assess my qualifications for employment.
- I do not have a contract for employment, and if hired, my employment is on an "at will" basis.
- No manager or representative of the Water Authority, other than the Chairman of the Board of Trustees, or the Executive Director, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, either now, in the past or in the future.
- Any agreement for employment must be executed in writing and signed by the Chairman of the Board of Trustees or Executive Director in order for it to be binding on either myself or the Water Authority.
- Compiled information from the Water Authority's background investigation may result in the preparation of a report which may include information as to the applicant's character, general reputation, personal characteristics and mode of living.
- A complete and accurate disclosure of the nature and scope of the Water Authority's background investigation may be obtained upon submittal of a written request to the Water Authority.
- Any offer of appointment may be contingent upon successful completion of a substance abuse screening.

Initials: _____

I agree that:

- Upon notification or offer of employment at the Water Authority, I will voluntarily submit to any testing for the presence of drugs or alcohol, or other testing to further assess my qualifications for employment.
- If hired, I have the right to terminate my employment at any time, with or without cause.
- If hired, the Water Authority may terminate my employment at any time, with or without cause, and with or without notice, unless otherwise prohibited by federal or state law.
- If hired, I will provide the Water Authority, within 30 days of my hire date, with official verification of any degree, license, registration or certification that I claim to possess.
- If hired, I will conform to federal laws, state statutes, Water Authority Governing Board policies, Water Authority personnel guidelines and any such guidelines or regulating measures utilized by the Water Authority, and I acknowledge that any such guidelines or regulating measures may, at any time, be changed relative to scope or content, interpreted, or withdrawn at anytime at the sole discretion of the Water Authority, without prior notice to me.

Initials: _____

I authorize:

- The Water Authority to contact my present and prior employers, and other sources of information, regarding my background,
- and direct each such employer and source of information to answer any and all questions regarding my prior employment background.

Initials: _____

I hereby release the Water Authority and any individual, company or institution that provides the Water Authority with information from any and all liability for any damage that may result from the investigation, use or disclosure of such information. I hereby indemnify and hold harmless the Water Authority, former employers and each other source of information contacted from any claims arising from this authorization and direction.

Initials: _____

I certify that the information presented in this employment application is true and correct to the best of my knowledge.

Initials: _____

I HEREBY PRESENT AND WARRANT that I have read and fully understand the foregoing and seek appointment, under the above noted terms and conditions, of my own free will and in accordance with my own sound judgement.

Signature

Date



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Employment Application Supplement - Please use this sheet if you need more blocks for completing the 10 years of experience on the Water Authority's application.

Name of Next Previous Employer _____ ()
 Phone _____

Mailing Address _____ City _____ State _____ Zip Code _____

Your Job Title _____ Supervisor's Name _____

From _____ / _____
 Month Year

Hours Per Week _____

To _____ / _____
 Month Year

Annual Salary
 or Hourly Rate _____ / _____
 Starting Ending

Your name while employed in this job if different from application _____

Duties and Responsibilities _____

Reason(s) for Leaving _____

Name of Next Previous Employer _____ ()
 Phone _____

Mailing Address _____ City _____ State _____ Zip Code _____

Your Job Title _____ Supervisor's Name _____

From _____ / _____
 Month Year

Hours Per Week _____

To _____ / _____
 Month Year

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 or Hourly Rate _____ / _____
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Mailing Address _____ City _____ State _____ Zip Code _____

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To _____ / _____
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or Hourly Rate _____ / _____
Starting Ending

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Duties and Responsibilities _____

Reason(s) for Leaving _____

Name of Next Previous Employer _____ ()
Phone _____

Mailing Address _____ City _____ State _____ Zip Code _____

Your Job Title _____ Supervisor's Name _____

From _____ / _____
Month Year

Hours Per Week _____

To _____ / _____
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