



# APPLICATION FOR EMPLOYMENT

**Seacoast Utility Authority is a Drug Free Workplace**

[www.sua.com](http://www.sua.com)

Return to:  
**PERSONNEL DEPARTMENT**  
 4200 Hood Road  
 Palm Beach Gardens, FL 33410  
 561-627-2900 ext 395  
[hdexter@sua.com](mailto:hdexter@sua.com)

Position Desired: \_\_\_\_\_

**PRINT WITH BLACK INK**

Referral Source:     Advertisement     Friend     Relative     Walk-In     Seacoast Website

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City / State / Zip			Cellular Telephone
	How long have you lived at the address listed above?    _____ Years    _____ Months If less than 3 years please list previous address:			Would you work overtime if asked? _____ YES    _____ NO
				When will you be available to begin work? _____/_____/_____
	Were you previously employed by us?    _____ YES    _____ NO    If "YES", month and year: _____/_____			
	Job Title: _____			
	Are you a U.S. Citizen?    _____ YES    _____ NO If "NO", provide Green Card/Work Authorization Card Number _____    Expiration: _____/_____/_____			
Driving Endorsements:    _____ Operator    _____ CDL    _____ Other				
Have you received a Driver's License in another state in the last five (5) years?    _____ YES    _____ NO    _____ Operator    _____ CDL If "YES", where? (City and State):				

E D U C A T I O N		NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	No. of Years Completed	Did you Graduate?	Degree or Diploma	
	Graduate / PhD						
	College						
	Business / Trade / Technical						
	High School						
Other special training or skills (languages, machine operation, etc.)							

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer (last ten (10) years).

<b>#1</b>	Company Name	Telephone (AREA CODE + PHONE)
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work	Reason for Leaving

<b>#2</b>	Company Name	Telephone (AREA CODE + PHONE)
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work	Reason for Leaving

<b>#3</b>	Company Name	Telephone (AREA CODE + PHONE)
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work	Reason for Leaving

<b>#4</b>	Company Name	Telephone (AREA CODE + PHONE)
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work	Reason for Leaving

<p>We may contact any or all of the employers listed above unless you indicate those you do not want us to contact.</p>	<b>DO NOT CONTACT</b>
	<p style="text-align: right;">REASON:</p> <p>EMPLOYER NUMBER(S): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

## PERSONAL & PROFESSIONAL REFERENCES

(Not former employers or relatives)

Name	Address	Telephone (AREA CODE + PHONE)
Name	Address	Telephone (AREA CODE + PHONE)

## MILITARY

Did you serve in the U.S. Armed Forces?  YES  NO If "YES", in what Branch and attach a copy of DD214: \_\_\_\_\_

Describe any training received relevant to the position in which you are applying:

Present Membership in National Guard or Reserves?  YES  NO

## OTHER

Are you over 18 years of age?  YES  NO

Lifting, climbing, driving may be a job requirement. Can you perform these tasks?  YES  NO

State names of relatives and friends presently employed with us, if any:

Did you receive disciplinary action within the last 12 months of active employment?  YES  NO If "YES", please explain:

Have you been convicted of a crime in the past 10 years? (Seacoast will be conducting a background check upon offer of employment)

YES  NO If "YES", please describe in full. A conviction will not necessarily disqualify you:

**This information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I hereby authorize Seacoast to conduct a background check and to obtain a motor vehicle report. I also acknowledge that I must submit to and pass a drug test prior to beginning employment.**

**SIGNATURE** X

DATE: