

# LAKE WORTH DRAINAGE DISTRICT

13081 S. Military Trail  
Delray Beach, FL 33484-1105  
(561) 498-5363  
Fax: (855) 327-4846

## APPLICATION FOR EMPLOYMENT

LWDD is an equal opportunity at-will employer. Prospective employees will receive consideration without discrimination because of race, color, religion, gender, sexual orientation, national origin, disability, marital status or veteran status. **LWDD is a Drug-Free and Alcohol-Free Workplace!**

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Date \_\_\_\_\_

Name: \_\_\_\_\_

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Last                      First                      Middle

Address: \_\_\_\_\_

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Street (Apt)                      City/State                      Zip

Contact Information:

(\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_                      \_\_\_\_\_  
Home Telephone                      Mobile Telephone                      Email

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Have you ever applied for employment with us?  Yes, When \_\_\_\_\_  No

Position Desired: \_\_\_\_\_ Min. Salary Requirement: \_\_\_\_\_

Available Start Date: \_\_\_\_\_

Are you retired from any State of Florida administered retirement plan?  Yes  No

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Do you have a valid Driver's License?  Yes  No

If so, type: \_\_\_\_\_ FDL# \_\_\_\_\_

Special training or skills (machine operation, etc): \_\_\_\_\_

Are you related to a LWDD employee?  Yes  No

If yes, please give name and relationship \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please provide dates and explain \_\_\_\_\_

Has your driver's license ever been revoked?  Yes  No

If yes, please provide dates and explain \_\_\_\_\_

Did you serve in the U.S. Armed Forces?  Yes  No

If yes, please request an Application for 10-Point Veteran Preference form.

**Education**

	Name and Location	Graduate? (Y/N) If No, last year completed
High School		
College or University		
Specialized Training, Trade School, Etc.		
Other Education		

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**Previous Experience (Please start with the most recent)**

Job Title: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever been forced to resign or been fired:  Yes  No

If yes, please explain: \_\_\_\_\_

**References**

List the Names and Addresses of three (3) individuals (not related) who would know your character:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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To the best of my knowledge, all statements and information I have provided in this application are true. I hereby authorize Lake Worth Drainage District to conduct background checks and verify this information to determine my capabilities for employment. I understand that any statements found not to be materially accurate may constitute grounds for my dismissal or may disqualify me from consideration for any positions. The omission of required or material information (such as prior jobs) may be considered as grounds for dismissal or disqualification. I authorize release of information for reference checks. In accordance with Public Records Law, Chapter 119, F.S., information provided on this application may be “inspected and examined by any person desiring to do so, at any time, under reasonable conditions, and under supervision by the custodian of the public record or his designee.”

I understand that I will be required to submit to a drug and alcohol test prior to employment, and that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date