

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, Alcohol and Tobacco Free Workplace!**

_____ Date

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Contact Information:
(____) _____ (____) _____ _____
Home Telephone Mobile Telephone Email

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

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

If so, type: _____ FDL# _____

Special training or skills (machine operation, etc): _____

Do you currently use tobacco products, or have you used tobacco products in the past six months? Yes No

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Has your driver's license ever been revoked?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		

Previous Experience (Please start with the most recent)

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

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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: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Work Phone: _____

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 LWDD is a Drug-Free Working and if applying for a safety-sensitive position, I will be required to submit to a drug test prior to employment. Further, 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.

Signature

Date