



Northern Palm Beach County Improvement District
359 Hiatt Drive. Palm Beach Gardens, FL 33418

APPLICATION FOR EMPLOYMENT

PERSONAL

Name: _____ Date: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Position desired?

Can you perform the essential functions of the position for which you are applying? YES [] NO [] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work?

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []
(If no, you may be required to provide authorization to work.)

Have you ever worked for Northern before? YES [] NO []
If yes, where? _____

When? (Give dates) _____ Job Title: _____

Do you have any relatives who work for Northern? YES [] NO [] If yes, who and where do they work?

Are you available to work: FULL TIME [] PART TIME []

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [] NO [] If yes, may we contact your employer? YES [] NO [] If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that are relevant to the position for which you are applying? YES [] NO [] If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe: _____

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES Give three references (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ()

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

Florida Statutes Chapter 295 statute provides a preference in appointment and retention to:

- (a) Those disabled veterans:
 1. Who have served on active duty in any branch of the Armed Forces of the United States, have been separated there from under honorable conditions, and have established the present existence of a service-connected disability which is compensable under public laws administered by the U.S. Department of Veterans' Affairs, or
 2. Who are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense.
- (b) The spouse of any person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for

employment, and the spouse of any person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

(c) A veteran of any war as defined in s. 1.01(14). The veteran must have served at least 1 day during a wartime period to be eligible for veterans' preference. Active duty for training shall not be allowed for eligibility under this paragraph.

(d) The unmarried widow or widower of a veteran who died of a service-connected disability.

(e) the mother, father, legal guardian, or unmarried widow or widower of a member of the US Armed Forces who died in the line of duty under a combat-related conditions, as verified by the US Department of Defense.

(f) a veteran as defined in 1.01(14). Active duty for training may not be allowed for eligibility under this paragraph.

(g) a current member of any reserve component of the US Armed Forces or the Florida National Guard.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from Northern. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department _____
Date beginning Employment _____ Compensation \$ _____ per _____
Interviewed by: _____ Date: _____