



**Northwest Florida  
Water Management District**

**EMPLOYMENT  
APPLICATION**

Equal Opportunity Employer/Affirmative Action Employer

**FOR OFFICIAL USE ONLY**

Agency Authorized Signature		Date		Status
Title				
Position Number:		Date Available:		
Counties of Interest:				
Minimum Acceptable Salary: \$				

- Address: P.O. Box 500, Midway, FL 32343
- Phone: 850-539-5999; Fax: 850-539-2777
- Internet Address: www.nfwfwd.state.fl.us

GENERAL INSTRUCTIONS	HOW DO WE CONTACT YOU
<ul style="list-style-type: none"> <li>• MODIFIED VERSIONS OF THIS FORM WILL NOT BE ACCEPTED.</li> <li>• Please type or print in ink.</li> <li>• To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.</li> <li>• Your application must be received by the Human Resources office by the closing date.</li> <li>• A separate application must be submitted for each vacancy.</li> <li>• All information you submit is subject to verification.</li> <li>• If you require special disability accommodations, notify the agency's hiring authority in advance.</li> <li>• If claiming Veterans' Preference, complete the Veterans' Preference Section, include a copy of your DD214.</li> <li>• All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.</li> </ul>	Your Name
	Your Mailing Address
	City County State Zip Code
	Home Phone Business Phone Cell Phone

**EDUCATION**

NFWFWD Form 26; 2/6/06 gc

HIGH SCHOOL								
NAME/ADDRESS OF SCHOOL					RECEIVED:	Diploma	Other (specify)	None
YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:								
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)								
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED	
		FROM	TO	QTR	SEM			
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:								
JOB RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)								
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:								

**LICENSURE, REGISTRATION, CERTIFICATION** EXAMPLES: PG, PE, EIT, TEACHER CERTIFICATION, CPA, ETC.

LICENSE REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency
DRIVERS LICENSE				

# EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military services (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities only. All other information in this section must be completed.

<b>1</b>	<b>Name of Present or Last Employer:</b>		
Address: _____		Phone No.: _____	
Your Job Title: _____		Supervisors Name: _____	
From: _____	To: _____	HOURS PER WEEK _____	YOUR NAME IF DIFFERENT DURING EMPLOYMENT _____
Month Day Year		Month Day Year	
Duties and Responsibilities:			
Reason for Leaving: _____		Annualized Salary: _____	
		STARTING                      ENDING	

<b>2</b>	<b>Name of Previous Employer:</b>		
Address: _____		Phone No.: _____	
Your Job Title: _____		Supervisors Name: _____	
From: _____	To: _____	HOURS PER WEEK _____	YOUR NAME IF DIFFERENT DURING EMPLOYMENT _____
Month Day Year		Month Day Year	
Duties and Responsibilities:			
Reason for Leaving: _____		Annualized Salary: _____	
		STARTING                      ENDING	

<b>3</b>	<b>Name of Previous Employer:</b>		
Address: _____		Phone No.: _____	
Your Job Title: _____		Supervisors Name: _____	
From: _____	To: _____	HOURS PER WEEK _____	YOUR NAME IF DIFFERENT DURING EMPLOYMENT _____
Month Day Year		Month Day Year	
Duties and Responsibilities:			
Reason for Leaving: _____		Annualized Salary: _____	
		STARTING                      ENDING	

<b>4</b> Name of Previous Employer: _____	
Address: _____	Phone No.: _____
Your Job Title: _____	Supervisors Name: _____
From: _____ Month Day Year	To: _____ Month Day Year
HOURS PER WEEK _____	
YOUR NAME IF DIFFERENT DURING EMPLOYMENT _____	
Duties and Responsibilities:   	
Reason for Leaving: _____	Annualized Salary: _____ STARTING ENDING

<b>5</b> Name of Previous Employer: _____	
Address: _____	Phone No.: _____
Your Job Title: _____	Supervisors Name: _____
From: _____ Month Day Year	To: _____ Month Day Year
HOURS PER WEEK _____	
YOUR NAME IF DIFFERENT DURING EMPLOYMENT _____	
Duties and Responsibilities:   	
Reason for Leaving: _____	Annualized Salary: _____ STARTING ENDING

<b>6</b> Name of Previous Employer: _____	
Address: _____	Phone No.: _____
Your Job Title: _____	Supervisors Name: _____
From: _____ Month Day Year	To: _____ Month Day Year
HOURS PER WEEK _____	
YOUR NAME IF DIFFERENT DURING EMPLOYMENT _____	
Duties and Responsibilities:   	
Reason for Leaving: _____	Annualized Salary: _____ STARTING ENDING

**Skills:** Please list skills you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in a language, etc.

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

<b>EXEMPTION FROM PUBLIC RECORDS DISCLOSURE</b>		
Are you a current or former law enforcement officer, other employee ** or the spouse or child of one, who is exempt from public records disclosure under §119.07 F.S.?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families (see § 119.07 F.S.)		
<b>CITIZENSHIP</b>		
Are you a U.S. Citizen or are you legally authorized to work in the USA? (Note: The Northwest Florida Water Management District hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.)	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>RELATIVES</b>		
To your knowledge, do you have any relatives working in this agency?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<b>SELECTIVE SERVICE SYSTEM REGISTRATION</b>		
If you are a male between the ages of 18 and 26, do you have proof of registrations with the selective service system or exemption from such registration?	<input type="checkbox"/>	Yes <input type="checkbox"/> no
<b>BACKGROUND INFORMATION</b>		
The District conducts a thorough background check; answers inconsistent with the background check may disqualify you from consideration		
❖ Have you been discharged or asked to resign from employment?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
❖ Have you ever been convicted of a felony or a first degree misdemeanor?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
❖ Have you ever pleaded nolo contendere (no contest) or pled guilty to a crime which is a felony or a first degree misdemeanor?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
❖ Have you ever had the adjudication of guilt withheld to a crime which is a felony or a first degree misdemeanor?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
❖ Are you currently using illegal drugs?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Answering "YES" to any of these questions may not automatically 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):		

**CERTIFICATION**

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Northwest Florida Water Management District for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for District employment are public records. I certify that to the best of my knowledge and belief all the statements contained herein and on any attachments are **true, correct, and made in good faith.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Employer, remove this section upon complete of the selection process.

### Veterans' Preference Claim

<b>Your Name:</b>			
<b>Position Title for which you are applying:</b>		<b>Position Number</b>	

#### VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

1. 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
2. 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
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document which serves as a certificate of release or discharge claim **must be furnished at the time of application.** In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in §1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

#### VETERANS' PREFERENCE CLAIM

If Eligible, which Veterans' Preference Category are you claiming? (Please indicate number from Veterans' Preference Information section above.)

Have you ever been employed by any governmental entity within the state of Florida?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you a resident of the state of Florida?	<input type="checkbox"/>	Yes		No

**NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.**



Employer, remove this section prior to the selection process.

#### EEO SURVEY

Although the following information is not mandatory, it is requested to aid the Northwest Florida Water Management District in its commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240 John Knox Road, Tallahassee, FL 32303.

Position Title for which you are applying:				
Position Number				
Sex:	Male	Female		
Date of Birth:				
Race (check only one):	White	Black	Hispanic	Asian or Pacific Islander
	Native American	Other (specify):		