

# IMMOKALEE WATER & SEWER DISTRICT APPLICATION FOR EMPLOYMENT

1020 SANITATION ROAD

IMMOKALEE, FL 34142

TELEPHONE (239) 658-3630

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
_____ Advertisement	_____ Friend	_____ Walk-In	
_____ Employment Agency	_____ Relative	_____ Other _____	
Last Name	First Name	Middle Name	
Address	Street	City	State      Zip Code
Telephone Number(s)		Social Security Number	
<b>Driver License #</b>			

Are you 18 years of age or over? \_\_\_\_\_ YES      \_\_\_\_\_ NO

Have you ever filed an application with us before? \_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ YES      \_\_\_\_\_ NO

May we contact your present employer? \_\_\_\_\_ YES      \_\_\_\_\_ NO

Are you prevented from lawfully becoming employed in this  
country because of Visa or Immigration Status? \_\_\_\_\_ YES      \_\_\_\_\_ NO

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time      \_\_\_\_\_ Shift Work

\_\_\_\_\_ Part Time      \_\_\_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ YES      \_\_\_\_\_ NO

Can you travel if a job requires it? \_\_\_\_\_ YES      \_\_\_\_\_ NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DRUGFREE WORKPLACE

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

\*If you need additional space, please continue on a separate sheet of paper.

**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---



---



---



---



---

## EDUCATION

School Name and Location	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed																	
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*


## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.
2.
3.

Have you ever had any job-related training in the United States Military?  YES  NO  
 If YES, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  YES  NO

