



## APPLICATION FOR EMPLOYMENT

Human Resources  
4200 Hood Rd  
Palm Beach Gardens, FL 33410

www.sua.com; www.suaemployee.com (Employee Website);  
561-627-2900 (Office Number); [hdexter@sua.com](mailto:hdexter@sua.com) (Email Address)

Seacoast Utility Authority (the "Authority") is an equal employment opportunity employer. All qualified applications will receive consideration for employment without regard to race, color, religion, disability status, protected veteran status or any other category protected by law. The Authority is a Drug & Alcohol-Free Workplace.

### POSITION TITLE \_\_\_\_\_

Referral Source: How did you hear about us? Newspaper Ad/Journal   Employee Referral   Walk-In   Seacoast Website

### PERSONAL

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

Last

First

Middle

Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

How long have you lived at the address listed above? \_\_\_\_\_ Years   \_\_\_\_\_ Months

If less than 3 years, please list previous address: \_\_\_\_\_

Would you work overtime, if asked?   \_\_\_\_\_ Yes   \_\_\_\_\_ No   When will you be available to begin work? \_\_\_\_\_

Were you previously employed by us?   \_\_\_\_\_ Yes   \_\_\_\_\_ No   If yes, dates employed and Job Title: \_\_\_\_\_

Are you legally qualified to work in the United States?   \_\_\_ Yes   \_\_\_ No   Do you have a valid driver's license?   \_\_\_\_\_ Yes   \_\_\_\_\_ No

*(If offered employment, you will be required to provide documentation to verify eligibility)* \_\_\_\_\_

Have you been terminated from employment or asked to resign by an employer?   \_\_\_\_\_ Yes   \_\_\_\_\_ No

If yes, please provide company name(s) and details: \_\_\_\_\_

Are you able to perform the essential functions of this job, with or without a reasonable accommodation?   \_\_\_\_\_ Yes   \_\_\_\_\_ No

If accommodation is needed, please explain: \_\_\_\_\_

### EDUCATION

	Name and Location	Course of Study	Degree/Diploma Type
High School	_____	_____	_____
College	_____	_____	_____
Vocational/Trade	_____	_____	_____
Graduate	_____	_____	_____

Have you completed any special designations, courses, seminars and/or training directly related to the position for which you are applying?

\_\_\_\_Yes \_\_\_\_No

If "Yes", please list: \_\_\_\_\_

Do you belong to any professional trade, business or civic organizations that relates to the position for which you are applying? \_\_Yes \_\_No

If "Yes", please explain: \_\_\_\_\_

**EMPLOYMENT**

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Telephone (Area Code + Phone Number)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employed (Month and Year)

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Reason for Leaving

State job title and summarize responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company

\_\_\_\_\_  
Telephone (Area Code + Phone Number)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employed (Month and Year)

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Reason for Leaving

State job title and summarize responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company

\_\_\_\_\_  
Telephone (Area Code + Phone Number)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employed (Month and Year)

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Reason for Leaving

State job title and summarize responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL & PROFESSIONAL REFERENCES**

(Not former employers or relatives)

_____	_____	_____
Name	Address	Telephone Number
_____	_____	_____
Name	Address	Telephone Number
_____	_____	_____
Name	Address	Telephone Number

**MILITARY**

Did you serve in the US Armed Forces? \_\_\_\_ Yes \_\_\_\_ No    If "yes", which Branch? \_\_\_\_\_    Attach a copy of the DD214

Present Membership in National Guard or Reserves? \_\_\_\_ Yes \_\_\_\_ No

Are you claiming Veterans' Preference? \_\_\_\_ Yes \_\_\_\_ No

**Applicants wishing to claim Veterans' Preference in employment must complete the Application for Veterans Preference and other related documents. All Veteran preference' forms must be attached and submitted with your employment application.**

**OTHER**

Are you 18 years of age? \_\_\_\_ Yes \_\_\_\_ No

Did you receive disciplinary action within the last 12 months of active employment? \_\_\_\_ Yes \_\_\_\_ No

State names of relatives and/or friends presently employed with us, if any.

\_\_\_\_\_

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

\_\_\_\_\_

SIGNATURE DATE

This application for employment is good for 60 days only. Consideration for employment after 60 days requires a new application.

**RESULTS**

Employed: ____ Yes ____ No	Replacement: _____
If yes, Job Title: _____	Department: _____
Date Beginning Employment: _____	Compensation: _____
Interviewed by: _____	Date: _____
Interviewed by: _____	Date: _____
Interviewed by: _____	Date: _____