



# APPLICATION FOR EMPLOYMENT

**Seacoast Utility Authority is a Drug Free Workplace**

[www.sua.com](http://www.sua.com)    [www.suaemployee.com](http://www.suaemployee.com)

Return to:  
**HUMAN RESOURCES**  
 4200 Hood Road  
 Palm Beach Gardens, FL 33410  
 561-627-2900 ext 395  
[hdexter@sua.com](mailto:hdexter@sua.com)

Position Desired: \_\_\_\_\_

Referral Source:

Newspaper Ad/ Journal   
  Employee Referral   
  Internal Job Announcement   
  Walk-In   
  Seacoast Website

PERSONAL	Last Name	First	Middle	Date
	Street Address	Apt #		Home Telephone
	City / State / Zip			Cellular Telephone
	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", month and year: ____/____			
	Job Title: _____			
	Are you a U.S. Citizen? _____ YES _____ NO			
	If "NO", provide Green Card/Work Authorization Card Number _____ Expiration: ____/____/____			
	Do you have a valid drivers license? _____ YES _____ NO      CDL? _____ YES _____ NO			
Have you received a Driver's License in another state in the last five (5) years? _____ YES _____ NO      _____ Operator _____ CDL If "YES", where? (City and State):				

EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	No. of Years Completed	Did you Graduate?	Degree or Diploma	
	Graduate / PhD					
	College					
	Business / Trade / Technical					
	High School					
Other special training or skills (languages, machine operation, certification, licensing, etc.)						

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer (last ten (10) years).

<b>#1</b>	Company Name	Telephone (AREA CODE + PHONE)
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work	Reason for Leaving

<b>#2</b>	Company Name	Telephone (AREA CODE + PHONE)
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work	Reason for Leaving

<b>#3</b>	Company Name	Telephone (AREA CODE + PHONE)
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work	Reason for Leaving

<b>#4</b>	Company Name	Telephone (AREA CODE + PHONE)
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work	Reason for Leaving

<p>We may contact any or all of the employers listed above unless you indicate those you do not want us to contact.</p>	<b>DO NOT CONTACT</b>
	<p style="text-align: right;">REASON:</p> <p>EMPLOYER NUMBER(S): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

## PERSONAL & PROFESSIONAL REFERENCES

(Not former employers or relatives)

Name	Address	Telephone (AREA CODE + PHONE)
Name	Address	Telephone (AREA CODE + PHONE)

## MILITARY

Did you serve in the U.S. Armed Forces?  YES  NO If "YES", in what Branch and attach a copy of DD214: \_\_\_\_\_

Describe any training received relevant to the position in which you are applying:

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 submit it as an attachment to your employment application, along with the "Documentation Requested to be Awarded Veterans' Preference".

## OTHER

Are you over 18 years of age?  YES  NO

Lifting, climbing, driving may be a job requirement. Can you perform these tasks?  YES  NO

State names of relatives and friends presently employed with us, if any:

Did you receive disciplinary action within the last 12 months of active employment?  YES  NO If "YES", please explain:

**This information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. 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. I hereby authorize Seacoast to conduct a background check and to obtain a motor vehicle report. I also acknowledge that I must submit to and pass a drug test prior to beginning employment.**

**SIGNATURE** X

DATE: