



# SOUTH WALTON UTILITY CO., INC.

369 Miramar Beach Drive  
Miramar Beach, Florida 32550  
Phone (850) 837-2988

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital status, or any other legally protected status.*

## INSTRUCTIONS TO APPLICANT FOR EMPLOYMENT

1. You must *fully and accurately* complete the Application for Employment. Incomplete applications will not be considered. If you do not have all information with you at this time (date, telephone numbers, addresses, etc.) please keep this publication and return it when it is completed.
2. Provide only the information requested – providing additional information will result in rejection of application.
3. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States upon employment.
4. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.

**PLEASE PRINT**

Position(s) applying for: \_\_\_\_\_

How did you learn about South Walton Utility Co., Inc. \_\_\_\_\_

Date you can start: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address: Number Street City State Zip Code

\_\_\_\_\_  
Telephone Social Security Number

If at current address less than three years, list below all residence(s) for the past three years. Attach a separate sheet if necessary.

\_\_\_\_\_  
Address: Number Street City State Zip Code

## GENERAL INFORMATION

- If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_Yes\_\_\_No
  - Have you filed application with us before? \_\_\_Yes\_\_\_No
  - Have you been employed with us before? \_\_\_Yes\_\_\_No
  - Are you prevented from lawfully becoming employed in this country because of Immigration Status? (Proof of citizenship or immigration will be required upon employment.) \_\_\_Yes\_\_\_No
  - Are you currently employed? \_\_\_Yes\_\_\_No
  - May we contact your present employer? \_\_\_Yes\_\_\_No
  - Are you available to work \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary
  - Are you currently on "lay-off" status and subject to recall? \_\_\_Yes\_\_\_No
  - Have you ever been bonded? \_\_\_Yes\_\_\_No
  - Have you ever been refused a bond?
  - Have you ever been a defendant in a civil lawsuit alleging that you committed an intentional tort? \_\_\_Yes\_\_\_No  
If yes, state the nature of the lawsuit, where and when it was filed, and the disposition (result) of the lawsuit.
  - Have you been convicted of a crime other than a traffic violation? \_\_\_Yes\_\_\_No  
(Conviction will not necessarily disqualify an applicant from employment.) If yes, provide the details concerning the type of crime, the date of conviction, the place of conviction, (what court) and the penalty imposed:
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## EDUCATION

<u>School</u>	<u>Last Year Completed</u>	<u>Did you graduate</u>	<u>Degree/Course of Study</u>
High School/GED _____	1 2 3 4	___Yes___No	_____
Undergraduate College/University _____	1 2 3 4	___Yes___No	_____
Graduate or Professional _____	1 2 3 4	___Yes___No	_____
<u>Other (Trade High School Etc.)</u> _____	1 2 3 4	___Yes___No	_____

### **Special Skills and Qualifications**

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

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### **Professional Licenses and Certifications**

Are you currently:  Registered  Licensed  Certified  
 Are you eligible for  Registration  Licensure  Certification

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Type	State/National	Date Expires	No.
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Type	State/National	Date Expires	No.
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## **DRIVING EXPERIENCE**

<p>❖ Drivers License Number _____ State Issuing License _____</p> <p>❖ List all traffic violations in past 5 years which resulted in a conviction, or a guilty plea. _____ _____ _____</p> <p>❖ List all at-fault traffic accidents in past 5 years. _____ _____ _____</p> <p>❖ Have you ever been denied a license, permit or privilege to operate a motor vehicle _____ Yes _____ No</p> <p>❖ Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No</p> <p>❖ Do you have a CDL License _____ Yes _____ No</p>
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## **MILITARY EXPERIENCE**

Were you a member of the U.S. Armed Forces? \_\_\_\_\_ No \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

Date of Duty: From \_\_\_\_\_ To \_\_\_\_\_

Briefly describe duties \_\_\_\_\_

\_\_\_\_\_

Type of Separation or Discharge? \_\_\_\_\_

## 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, disabilities or other protected status.

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed \_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed \_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed \_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed \_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed \_\_\_\_\_  
\_\_\_\_\_

*If more space is needed, please use a separate sheet of paper.*

## REFERENCES

List references other than those listed as a current or former employer:

- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Years acquainted \_\_\_\_\_
  
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Years acquainted \_\_\_\_\_
  
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Years acquainted \_\_\_\_\_

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection of this application or dismissal from employment if subsequently discovered.

I authorize an inquiry, which may provide information background concerning my character, general reputation, and past work performance. I hereby authorize the company to inquire, and also persons, credit bureaus, governmental and law enforcement agencies to answer all questions, which may be legally asked, and to release all information, which may be legally sought. I hereby release all parties from any liability or responsibility for doing so.

I understand that any employment relationship with this employer is "at will," which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause and with or without notice. No agreement to the contrary will be recognized without written approval of the Directors. I further recognize that the terms and conditions of my employment may be changed by the Company at any time, with or without notice. I also understand that I will be required to pass a physical examination, including a drug test, before a final offer of employment is made. If hired, I agree to comply with all rules, regulations, and employment policies of South Walton Utility Co., Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **PRE-EMPLOYMENT DRUG TESTING**

Because South Walton Utility Company, Inc. wants to maintain a “Drug Free Workplace”, one of the requirements for consideration of employment is the satisfactory passing of a pre-employment urine drug test.

The Company has a policy prohibiting the possession, distribution, use, consumption or being under the influence of alcohol or illegal and unauthorized drugs and other harmful substances in order to provide a safe and healthful environment for employees, visitors and members of the general public. Those applicants considered as final candidates for employment will be required to undergo a urine drug test and will be dropped from consideration for employment if the test is positive.

Individuals who have been disqualified due to positive test results will be eligible to re-apply for work one (1) year after having been eliminated from consideration. These applicants must be able to show proof of their completion of a reasonable drug and alcohol evaluation and/or treatment program, and once again satisfactorily passed a pre-employment drug test.

## **PRE-EMPLOYMENT CONSENT/WAIVER FORM**

I have read and understood that South Walton Utility requires passing both a physical examination and a drug test as conditions of employment. I accept the conditions for consideration of employment and I consent to the requirements of the examination and urine drug test. I agree to submit to these medical tests, and I authorize the testing facility to provide the results of these tests to the Office/HR Manager or General Manager at South Walton Utility Co., Inc. I consent freely and voluntarily to South Walton Utility's request for a urine specimen and physical examination. I hereby release and hold harmless the Company, its employees, agents, directors and officers from any liability whatsoever arising from this request to furnish a specimen, the testing of my specimen, and decision made concerning my application for employment based upon the results of the test.

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

\_\_\_\_\_  
Applicant

WITNESS

\_\_\_\_\_  
(Hiring Manager/Supervisor)