



Okaloosa Gas District

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

(Please Print) Date _____ Social Security Number _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone Number(s) _____

Are you over 18 years of age? Yes; _____ No. _____

Can you provide proof that you can be legally employed in the United States? Yes No

Do you have a valid Florida driver's license? Yes No

Do you have a driver's license from any other state? Yes No State? _____

Do you have a commercial driver's license? Yes No

Have you ever been convicted of a crime involving dishonesty, breach of trust, violence, or one related to your future work here? If "yes", list convictions. Yes No

Have you served in the US military? Yes No If yes, please list acquired skills relevant to the position you are applying for. List other acquired skills or schools attended.

List any relatives working for this organization

Name	Relationship	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been employed here before? Yes No If yes, give dates:

DRUG-FREE WORKPLACE

EDUCATION

	Circle Last Year Completed				Did You Graduate	Subjects Studied and Degree(s) Received
	9	10	11	12		
High School					<input type="checkbox"/> Yes	
(Location)					<input type="checkbox"/> No	
College					<input type="checkbox"/> Yes	
(Location)					<input type="checkbox"/> No	
Trade, Business or Correspondence					<input type="checkbox"/> Yes	
(Location)					<input type="checkbox"/> No	

EXPERIENCE

List past work experience beginning with most recent.

Name of Employer	Type of Business			
Address	City	State	Zip	Telephone
From: _____	To: _____			
Dates Employed	Starting Title		Last Title and Salary	
Name and Title of Supervisor	Reason for Leaving			
Brief Description of Duties				

Name of Employer	Type of Business			
Address	City	State	Zip	Telephone
From: _____	To: _____			
Dates Employed	Starting Title		Last Title and Salary	
Name and Title of Supervisor	Reason for Leaving			
Brief Description of Duties				

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Address		City	State	Zip Telephone
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Dates Employed	Starting Title		Last Title and Salary	
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Brief Description of Duties				

Name of Employer		Type of Business		
Address		City	State	Zip Telephone
From:	To:			
Dates Employed	Starting Title		Last Title and Salary	
Name and Title of Supervisor			Reason for Leaving	
Brief Description of Duties				

REFERENCES

May we contact your present employer? Yes No

Give the names and addresses of three (3) people (not relatives) you have worked with and to whom we may refer for a reference if necessary.

Name	Phone No.	Occupation
Street	City	State
Name	Phone No.	Occupation
Street	City	State
Name	Phone No.	Occupation
Street	City	State

List special skills, training, job related education, licenses/permits that you possess.

List any machines or equipment you are qualified and experienced on. Include computer experience.

List below or attach any other information or remarks that you wish to have considered as a part of your application for employment

Job Applied For _____ Date You Can Start _____

READ CAREFULLY BEFORE YOU SIGN

I authorize investigation of all statements contained in this application. I understand that misrepresentation, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained in this application and hereby give the Okaloosa Gas District permission to contact schools, previous employers, references, and others, and hereby release the District from any liability as a result of such contact.

I understand that my employment with Okaloosa Gas District is for no specific term and may be terminated by me or the District with or without notice or cause at any time. I further understand that no oral promise, District policy, custom, business practice or other procedure (including the District Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the District.

I understand that I am subject to pre-employment and post-employment testing for illegal drugs and/or alcohol and that if such testing indicates the presence of drugs in my body, I may be disqualified from further hiring consideration and/or termination if already employed.

Okaloosa Gas District provides 24 hour a day service and I agree to work whatever schedule is necessary and when emergencies are declared to help us meet District objectives and obligations to our customers.

Signature _____ Date _____

Okaloosa Gas District is an equal employment opportunity employer. We adhere to a policy of making decisions without regard to race, color, age, sex, religion, national origin, handicap, marital status or veteran status. We assure you that your opportunity for employment with the District depends solely upon your qualifications.