

Lehigh Acres Municipal Services Improvement District

601 East County Lane
Lehigh Acres, FL 33936
(239) 368-0044

EMPLOYMENT APPLICATION

Lehigh Acres Municipal Services Improvement District is an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, sex, age, disability, marital status or national origin. In accordance with the Americans with Disabilities Act, Lehigh Acres Municipal Services Improvement District will provide reasonable accommodation upon request to applicants to facilitate the application process. This is a Drug-Free Workplace.

NAME (print) _____
Last First Middle

ADDRESS _____
Street and number City State Zip Code

TELEPHONE # _____ 2nd Phone # _____ SS# _____ . _____ . _____

DO YOU HAVE A VALID FLORIDA DRIVER LICENSE? YES NO CDL YES NO CLASS _____

DRIVER LICENSE #: _____ ARE YOU 18 YRS OLD OR OVER? YES NO
(If not, employment is subject to verification that you are of legal minimum age and can furnish any required work permit.)

Has your license ever been revoked or suspended? Yes No

If yes, please explain: _____

DO YOU HAVE RELATIVES/FRIENDS PRESENTLY WORKING FOR LEHIGH ACRES MSID ? YES NO

INDICATE POSITION FOR WHICH YOU ARE APPLYING _____

Full Time Part Time Temporary

SALARY REQUIREMENTS: _____ EMAIL ADDRESS: _____

EDUCATION AND TRAINING

Do you have High school diploma? Yes No GED? Yes No Date Received _____

SCHOOL	NAME/ADDRESS	COURSE OF STUDY	LEVEL COMPLETED	GRAD UATED	DEGREE/Y EAR
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
VOCATIONAL/TECHNICAL					
OTHER					

EMPLOYMENT HISTORY

LIST ALL PLACES OF EMPLOYMENT FOR THE LAST 10 YEARS, INCLUDING MILITARY SERVICE. PLEASE ACCOUNT FOR ALL SELF-EMPLOYMENT AND GAPS IN EMPLOYMENT. IF YOU WERE EMPLOYED UNDER A DIFFERENT NAME, PLEASE PROVIDE THAT NAME (_____). IF YOU NEED MORE SPACE, PLEASE USE THE BACK OF THIS SHEET.

PRESENT OR LAST EMPLOYER _____ SUPERVISOR _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____ PHONE # _____
POSITION HELD _____
DATES OF EMPLOYMENT: FROM _____ TO _____
SALARY _____/PER _____
DUTIES _____
REASON FOR LEAVING _____ MAY WE CONTACT? ____ Yes ____ No

PRESENT OR LAST EMPLOYER _____ SUPERVISOR _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____ PHONE # _____
POSITION HELD _____
DATES OF EMPLOYMENT: FROM _____ TO _____
SALARY _____/PER _____
DUTIES _____
REASON FOR LEAVING _____ MAY WE CONTACT? ____ Yes ____ No

PRESENT OR LAST EMPLOYER _____ SUPERVISOR _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____ PHONE # _____
POSITION HELD _____
DATES OF EMPLOYMENT: FROM _____ TO _____
SALARY _____/PER _____
DUTIES _____
REASON FOR LEAVING _____ MAY WE CONTACT? ____ Yes ____ No

PRESENT OR LAST EMPLOYER _____ SUPERVISOR _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____ PHONE # _____
POSITION HELD _____
DATES OF EMPLOYMENT: FROM _____ TO _____
SALARY _____/PER _____
DUTIES _____
REASON FOR LEAVING _____ MAY WE CONTACT? ____ Yes ____ No

PERSONAL REFERENCES (Include persons other than relatives and employers)

Name _____ Occupation _____ Years Known _____

Address _____ Day Phone _____

Name _____ Occupation _____ Years Known _____

Address _____ Day Phone _____

GENERAL INFORMATION

Do you smoke? Yes No If yes, how much? _____

VETERANS PREFERENCE: Check the appropriate block if you are claiming Veterans' Preference. Documentation substantiating your claim must be furnished at the time of application.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U. S. Veteran's Administration and the Department of Defense or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training or
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987 Yes No

If "yes", please give the name of the employer: _____

BACKGROUND INFORMATION

Are you legally eligible for employment in the U.S.? Yes No
(You will be required to provide proof upon employment)

Have you ever committed or been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime?

Yes No If Yes, please explain _____

(A criminal record will not necessarily be a bar to employment)

Have you ever been sued for causing the death of, or injury to any person, or any property damage (e.g., for assault, battery, defamation, etc.)? Yes No If Yes: Date: _____

Please explain the nature of the claims in the lawsuit(s) and disposition(s) _____

Do you have any commitments, including non-compete agreements or any other restrictive covenants to any other entity, business or person that might affect your employment with Lehigh Acres Municipal Services Improvement District? Yes No If yes, please explain: _____

If you are applying for a position that requires state or national registration, certification or license, you must furnish current proof of registration, certification or license.

Registration, Certification or License No. and Type _____

Year _____ State(s) _____

Are there any other experiences, skills or qualifications which you feel especially qualify you for work with Lehigh Acres Municipal Services Improvement District?

**APPLICANT'S STATEMENT:
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I understand that Lehigh Acres Municipal Services Improvement District will attempt to verify statements made on my application and made during my employment interview. I give permission for my former employers and personal references, as well as law enforcement officials, to answer any questions and to furnish information concerning me. I release Lehigh Acres Municipal Services Improvement District and all former employers and my references from any liability as a result of the furnishing and receiving of this reference and background information.

I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment documents, or any verbal misrepresentations, may result in disqualification from further employment consideration or termination from employment.

I understand that if I am employed by Lehigh Acres Municipal Services Improvement District, I must conform to the policies and rules of Lehigh Acres Municipal Services Improvement District. I understand that my employment relationship will be at-will and that both Lehigh Acres Municipal Services Improvement District and I have the right to terminate my employment, with or without cause, and with or without notice. I understand my job duties and schedule may be changed at any time during my employment by Lehigh Acres Municipal Services Improvement District. I understand I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when requested by Lehigh Acres Municipal Services Improvement District.

I consent and agree to take any pre-employment physical examinations and such future physical examinations and any drug and alcohol tests as part of or separate from any such physical examinations, as may be required by federal or state law/regulation, as well as Lehigh Acres Municipal Services Improvement District's policy.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend on Lehigh Acres Municipal Services Improvement District's ability to verify this necessary information.

WAIVER OF JURY TRIAL. Should I become employed, as a condition of my employment, I agree to waive my right to trial by a jury in any action or proceeding involving any claim, whether statutory or common law, related to or arising out of my employment or termination of employment, including claims of discrimination. I understand that I am waiving my right to a jury trial voluntarily and knowingly and free from duress or coercion. I understand that I have the right to consult with a person of my choosing, including an attorney, before signing this document.

Date

Applicant's Signature

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you. Applications are considered inactive after 30 days from the date of application unless renewed, in writing, by the applicant at this location. **INCOMPLETE APPLICATIONS OR APPLICATIONS CONTAINING ADDITIONAL NON-REQUESTED INFORMATION WILL NOT BE CONSIDERED.**

SPECIAL SKILLS OR KNOWLEDGE

Please check the appropriate box to indicate the level of competency or experience you have in each area.

GENERAL OFFICE SKILLS

- Bookkeeping none beginning intermediate advanced
- Writing/Editing none beginning intermediate advanced
- Calculator Use none beginning intermediate advanced
- Filing none beginning intermediate advanced
- Typing Skills none beginning intermediate advanced
- Copier Use none beginning intermediate advanced

COMPUTER SKILLS

- Computer Use none beginning intermediate advanced
- Microsoft Office Proficient? Word Excel Outlook Access
- Network Support none beginning intermediate advanced
- PC/Hardw/Softw Support none beginning intermediate advanced

GENERAL SHOP SKILLS

- Welding none beginning intermediate advanced
- Plumbing none beginning intermediate advanced
- Fence Building none beginning intermediate advanced
- Concrete none beginning intermediate advanced
- Framing none beginning intermediate advanced
- Heavy Equipment none beginning intermediate advanced
- Chemical spraying none beginning intermediate advanced

COMPUTER SOFTWARE

List applications with which you are familiar and indicate proficiency level. (i.e. Microsoft Word, Excel)

- _____ none beginning intermediate advanced
- _____ none beginning intermediate advanced
- _____ none beginning intermediate advanced
- _____ none beginning intermediate advanced
- _____ none beginning intermediate advanced