



CENTRAL BROWARD WATER CONTROL DISTRICT

8020 Stirling Road, Hollywood, FL 33024
(954) 432-5110

EMPLOYMENT APPLICATION

Application Information

Full name:

Last

First

M.I.

Date:

Address:

Street address

Apt./Unit #

Phone:

Email:

City

State

Zip Code

Florida Driver's License #: _____

CDL Class: _____

Date Available: _____

S.S. no: _____

Desired salary: _____

\$ _____

Position applied for: _____

Are you a citizen of the United States?

Yes ☐

No ☐

If no, are you authorized to work in the U.S.?

Yes ☐

No ☐

Have you ever worked for this company?

Yes ☐

No ☐

If yes, when? _____

Have you ever been convicted of a felony?

Yes ☐

No ☐

If yes, explain? _____

Education

High school:

Address: _____

From: _____

To: _____

Did you graduate?

Yes ☐

No ☐

Diploma: _____

College:

Address: _____

From: _____

To: _____

Did you graduate?

Yes ☐

No ☐

Degree: _____

Other

Address: _____

From: _____

To: _____

Did you graduate?

Yes ☐

No ☐

Degree: _____

Other:

Address: _____

From: _____

To: _____

Did you graduate?

Yes ☐

No ☐

Degree: _____

References

Please list two professional references

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:
Responsibilities:			
May we contact your previous supervisor for a reference? Yes ☐ No ☐			
Last Salary:			

Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:
Responsibilities:			
May we contact your previous supervisor for a reference? Yes ☐ No ☐			
Last Salary:			

Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:

Responsibilities: _____

May we contact your previous supervisor for a reference?

Yes ☐

No ☐

Last Salary: _____

License/Certificates/Specialized Training

List any special qualifications you may have.

Type: _____

Registration #: _____

Expires: _____

Type: _____

Registration #: _____

Expires: _____

Type: _____

Registration #: _____

Expires: _____

Military Service

Branch: _____

From: _____

To: _____

Rank at discharge: _____

Type of discharge: _____

If other than honorable, explain: _____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

You must answer the below question.

CAN YOU SWIM (yes or no) _____ YOU MUST SWIM IF YOUR WORK REQUIRES YOU TO BE IN/AROUND WATER BODIES.