CENTRAL BROWARD WATER CONTROL DISTRICT

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

EMPLOYMENT APPLICATION

Application information

Full name: _____ Date: _____
Last *First* *M.I.*

Address: _____ Phone: _____
Street address *Apt/Unit #*

_____ 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:	

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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: _____

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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.