



APPLICATION FOR EMPLOYMENT

This Application will remain active for 30 days

Answer all questions – please print in ink

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability.

Florida Public Utilities is a Drug Free Workplace

Position(s) applied for: _____ Date of Application: _____
 Name (Last, First M.) _____ Home Phone #: _____
 Street Address _____ Cell Phone #: _____
 City, State, Zip _____ E-mail address : _____
 Are you at least 18 years of age? Yes No Date available for work: _____
 Are you willing to travel if required of your job? Yes No Starting wages desired: _____
 Can you prove your eligibility to work in the United States? Yes No Drivers License #: _____
 Are you willing to work evenings or nights if required? Yes No DL State of Issue: _____

Referral Source: Advertisement Company Employee On my own Employment Agency
 School Other Name of referral source: _____

	Name:	Location:	Job:
Do any of your relatives work for Florida Public Utilities Company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes please complete the following:			

Have you ever applied for work with Florida Public Utilities Company prior to this application? Yes No Where: _____
 If you were previously employed by Florida Public Utilities Dates of Employment: _____ Where: _____
 Why did you leave Florida Public Utilities Company? _____

Have you ever been convicted of a felony; or plead *nolo contendere* (no contest) to a felony; or plead guilty to a felony; or been found guilty of a felony? Include any and all instances of the foregoing even if adjudication was withheld. **If Yes**, describe in full, including date(s). Yes No
 NOTE: A Yes response does not automatically disqualify an applicant for employment.

Have you served in the U. S. Armed Forces? Yes No Branch: _____ Dates of Duty: _____

List duties in the service including special training: _____ Rank at Discharge: _____

List any skills you possess, apprenticeships you have completed, machines you can operate, or professional organizations of which you are member that you consider relevant to the work for which you are applying: _____

EDUCATION AND TRAINING

NAME AND ADDRESS OF ALL SCHOOLS ATTENDED.(LIST HIGH SCHOOL, BUSINESS/TECH., MILITARY SCHOOL, AND COLLEGE).	TYPE TRAINING STUDIED OR MAJOR SUBJECT	CREDIT HOURS COMPLETED	DIPLOMA DEGREE/LICENSE RECEIVED, AND DATE RECEIVED	GRADE AVERAGE
If you have an equivalency diploma (G.E.D.), what is the issuing agency?				



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EMPLOYMENT HISTORY				
List the positions you have held. (Last one first). Accuracy of dates is essential. Please attach additional page and/or resume if needed.				
#	DATE	EMPLOYER	SALARY	POSITION
1	From:	Name and Address	Lowest \$ _____ per	Title
	To:	Telephone	Last \$ _____ per	Duties
		Name and Title of Supervisor		Reason for Leaving
2	From:	Name and Address	Lowest \$ _____ per	Title
	To:	Telephone	Last \$ _____ per	Duties
		Name and Title of Supervisor		Reason for Leaving
3	From:	Name and Address	Lowest \$ _____ per	Title
	To:	Telephone	Last \$ _____ per	Duties
		Name and Title of Supervisor		Reason for Leaving

NOTE: PLEASE LOOK OVER THIS FORM TO MAKE SURE THAT YOU HAVE GIVEN AN ANSWER TO EVERY ITEM.

(PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

AUTHORITY TO RELEASE INFORMATION

Should you be employed and it is discovered that you have made any false incorrect statements or omitted any facts in filling out this application, it will be considered grounds for dismissal. You will, as a condition of employment, be expected to abide by all the rules and regulations of the company relating to health, safety, and security that are now in force or that may be put in force. If you are employed you will become subject to the worker's compensation law of Florida.

I hereby certify that I have read the above agreement and understand that in signing this application for employment form it is done with the understanding that all statements are subject to investigation. I authorize and instruct you and/or your designated representative to make any investigation concerning information about my character, general reputation, credit, subject to the provisions of the Fair Credit Reporting Act., personal characteristics, and mode of living. My previous and, upon employment, present employers may be asked for information relative to my employment record with them. I hereby release from all liability or damage those individuals or corporations who provide such information.

I understand that, under the Federal Fair Credit Reporting Act of 1970, I may request in writing the disclosure of any report from a credit agency.

I hereby agree and understand that should I be employed, my employment shall at all times be at the will of Florida Public Utilities Company and that I can be terminated at any time or without cause and with or without notice.

I understand that my employment is contingent upon passing a physical examination, including a drug analysis screening test, finger printing, and/or any other appropriate tests if requested.

I further understand that no recruiter, interviewer or representative of Florida Public Utilities Company, other than the President or his designated representative, has the authority to enter into any express or implied agreement for employment for any specified period of time, or any agreement contrary to the foregoing. If such employment agreement is made between me and Florida Public Utilities Company, it must be clearly made in writing and signed by the President or his designated representative.

Signed _____

Date _____



EEO-1 VOLUNTARY SELF-IDENTIFICATION FORM

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENDER IDENTIFICATION (select one): Female Male

RACE/ETHNICITY (check only one):

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino):** all persons who identify with more than one of the above five races.

Print Name

Date

Signature