



**SOUTH FLORIDA**  
401 S Dixie Hwy  
PO Box 3395  
W Palm Beach, FL 33402

**CENTRAL FLORIDA**  
450 S Highway 17-92  
PO Box 530969  
DeBary, FL 32753-0969

**WEST FLORIDA**  
1510 SE Diana Street  
PO Box 120  
Inglis, FL 34449

**NORTHWEST FLORIDA**  
2825 Pennsylvania Ave  
PO Box 610  
Marianna, FL 32447

**NORTHEAST FLORIDA**  
911 S 8th Street  
PO Box 418  
Fernandina Bch FL 32034

# APPLICATION FOR EMPLOYMENT

**THIS APPLICATION WILL REMAIN IN OUR FILES FOR SIX MONTHS**

**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.

- Date of Application \_\_\_\_\_
1. Position(s) applied for: \_\_\_\_\_
  2. Name \_\_\_\_\_  

LAST
FIRST
MIDDLE
  3. Social Security No. \_\_\_\_\_
  4. Address \_\_\_\_\_  

STREET
CITY
STATE
ZIP
  5. Telephone No. \_\_\_\_\_
  6. Are you at least 18 years of age?    Yes    No
  7. Driver's License No. \_\_\_\_\_ State of \_\_\_\_\_
  8. Date available for work \_\_\_\_\_
  9. Starting wages desired: \_\_\_\_\_
  10. Are you eligible to work in the United States?    Yes    No    Proper documentation will be required upon employment.  
(ONLY US CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK AND REMAIN PERMANENTLY IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT IN THE U.S.)
  11. Referral Source:                      Advertisement                      Company Employee                      On my own  

Employment Agency                      School                      Other
  12. Name of referral source \_\_\_\_\_
  13. Are you willing to travel if required of your job?    (Required for some positions)    Yes    No
  14. Are you willing to work evening or night shifts?    (Required for some positions)    Yes    No
  15. Florida Public Utilities must provide a 24-hour-a-day service to its customers. Therefore, many of our jobs require employees to work overtime, weekends and holidays. Are you agreeable, as a condition of employment, to work whatever schedule is necessary to help us meet our corporate objectives and our obligations to our customers?  

Yes                      No
  16. In case of accident or emergency, please notify:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

17. Do any of your relatives work for Florida Public Utilities Company ?      Yes      No If Yes please complete the following:  
Their name, location, and job are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Have you ever applied for work with Florida Public Utilities Company prior to this application?      Yes      No  
If Yes, where? \_\_\_\_\_

19. If you were previously employed by Florida Public Utilities Company give dates of employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_ Where did you work? \_\_\_\_\_  
Why did you leave Florida Public Utilities Company? \_\_\_\_\_

20. 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.

Yes      No      If Yes, describe in full, including date(s).

NOTE: A Yes response does not automatically disqualify an applicant for employment.

21. Were you in the U. S. Armed Forces?      Yes      No If Yes what branch? \_\_\_\_\_  
Dates of Duty:      From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_  
List duties in the service including special training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Typing speed if required: \_\_\_\_\_ WPM      23. Shorthand/speed writing, if required: \_\_\_\_\_ WPM

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

# EMPLOYMENT REFERENCE DATA

Applicant Name: \_\_\_\_\_

List the positions you have held. (Last one first). Accuracy of dates is essential.

#	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
4	From:	Name and Address	Lowest \$ _____ per	Title
	To:	Telephone	Last \$ _____ per	Duties
		Name and Title of Supervisor		Reason for Leaving
5	From:	Name and Address	Lowest \$ _____ per	Title
	To:	Telephone	Last \$ _____ per	Duties
		Name and Title of Supervisor		Reason for Leaving
6	From:	Name and Address	Lowest \$ _____ per	Title
	To:	Telephone	Last \$ _____ per	Duties
		Name and Title of Supervisor		Reason for Leaving
7	From:	Name and Address	Lowest \$ _____ per	Title
	To:	Telephone	Last \$ _____ per	Duties
		Name and Title of Supervisor		Reason for Leaving

# EDUCATION AND TRAINING

Circle the highest level of education you have completed.

NOT A HIGH SCHOOL GRADUATE	G.E.D.	HIGH SCHOOL GRADUATE	BETWEEN HIGH SCHOOL & ASSOCIATES	ASSOCIATES DEGREE	BETWEEN ASSOCIATES & BACHELORS	BACHELORS DEGREE	BETWEEN BACHELORS & MASTERS	MASTERS DEGREE	BETWEEN MASTERS & DOCTORATE	DOCTORATE DEGREE	POST DOCTORATE
1	2	3	4	5	6	7	8	9	10	11	12

If you have an equivalency diploma (G.E.D.), what is the issuing agency? \_\_\_\_\_

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

**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 and pleasure 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 personnel 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 \_\_\_\_\_