



Dear Applicant:

Thank you for applying for employment with the Kissimmee Utility Authority (KUA). The following is a list of things you should know:

- We do not interview the day you submit your application.
- Generally, the applications are forwarded to the department director for review of qualifications for the open position.
- Due to the large volume of applications, we do not contact everyone by phone or mail. If you are interviewed for a position and do not receive that position, you will be notified by mail.
- If you do not hear anything from us and would like to know the status of the position for which you applied, please feel free to call our office at (407) 933-7777, extension 1110.
- Your application will be held active in our files for six (6) months.
- KUA's job line number is (407) 933-7777, then press 5. You may call this number anytime of the day or night.

We require a completed and signed KUA application form for all of our positions. Thank you for your interest in employment with KUA.

Sincerely,

WILBUR D. HILL, V.P.

P.S. Please take this letter with you for future reference.



P.O. Box 42321 - Kissimmee, FL 34742-3219
407-933-7777

Application For Employment

(Type or print preferably in ink)

Date: _____

Name: _____

Last

First:

Middle:

Address: _____

Street

Apt#

City

State

Zip

____ Operator

()

()

____ Chauffeur

Home Phone

Bus/Message Phone

Fl. Drivers Lic #

Have you ever been employed anywhere under any other name(s)?

Yes___ No___ If yes, please list name(s): _____

Positions Applied For: _____ Minimum Acceptable Salary: _____

EDUCATION

Please check highest grade completed. Give dates of attendance, credit hours completed, type of degree, and major/minor. Be sure to answer "Have you graduated?" List all technical and/or trade courses or programs you have completed.

| Name of High School | Location | Year Graduated |
|---------------------------------|----------|----------------|
| Highest Grade Completed (x one) | 1 | 2 |
| | 3 | 4 |
| | 5 | 6 |
| | 7 | 8 |
| | 9 | 10 |
| | 11 | 12 |

General Equivalency Diploma (GED) Yes ___ No ___ If yes, date completed: _____ If no, grade completed: _____

College Degree Completed: ___ Associate ___ Bachelor ___ Masters ___ Doctorate College ___ Fr ___ So ___ Jr ___ Sr

| Name/Location of College | Dates Attended From Mo/Yr | To Mo/Yr | Credit Hours Completed Indicate Qtr./Semester | Have You Graduated? | Degree | Major/ Minor |
|--------------------------|---------------------------------|-------------|---|------------------------|--------|-----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Name Location of Technical Vocational/Trade School | Dates Attended From Mo/Yr | To Mo/Yr | Classroom/Credit Hrs. Completed | Have You Graduated? | Certificate/ Degree | Major/ Minor |
|---|---------------------------------|-------------|------------------------------------|------------------------|------------------------|-----------------|
| | | | | | | |
| | | | | | | |

Technical skills or other training acquired: _____

List Certificates, Competency Cards, or Trade Licenses you possess: _____

(This application will be kept on active status for 6 months)

PRE-EMPLOYMENT PHYSICAL WILL INCLUDE A URINALYSIS TEST FOR DRUGS

MILITARY INFORMATION

1. Military training acquired: _____
 _____ Military Branch: _____

2. Period of Enlistment: _____ Date of Discharge: _____

PERSONAL DATA

1. Does KUA employ any relative of yours (by blood or marriage)? _____ If YES, give name and relationship

2. Is any member of the KUA Board of Directors a relative of yours (by blood or marriage)? _____ If YES, give name and relationship

3. Have you ever been convicted of or pled guilty to a felony or first degree misdemeanor? _____
 If Yes, give offense, date, county, state and disposition: _____

4. Have you ever been employed by KUA prior to this application? _____ If YES under what name, department, and dates?

REFERENCES

List three persons not related to you who have knowledge of your character:

| | | | |
|----------|------|----------------------------------|----------|
| 1. _____ | Name | Address (Street, City State Zip) | AC/Phone |
| 2. _____ | Name | Address (Street, City State Zip) | AC/Phone |
| 3. _____ | Name | Address (Street, City State Zip) | AC/Phone |

REFERRAL SOURCE: (X one)

- | | | |
|--------------------|---------------------------|-------------------------|
| _____ Newspaper | _____ College Recruitment | _____ Employee Referral |
| _____ Job Posting | _____ Job Service of Fla. | _____ Walk-in |
| _____ Trade School | _____ High School Recruit | _____ Prof. Org./Assoc. |
| _____ Agency | _____ Other _____ | |

PREVIOUS EMPLOYMENT

Please give complete name and address of all employers including military employment. **Dates of employment, salary history, name and phone number of immediate supervisor must be included. Describe major duties performed and types of machines or equipment** operated. A resume may be attached to supplement this application, but this application **MUST** be filled out completely.

Begin with your most recent employer and list all previous employers in chronological order. Also, account for all periods of unemployment.

| | |
|----------------------|--|
| 1. EMPLOYER: _____ | DATES OF EMPLOYMENT |
| | From _____ To _____ Month/Year Month/Year |
| ADDRESS: _____ | State Zip AC/Phone |
| Street City | |
| POSITION HELD: _____ | KIND OF BUSINESS: _____ |
| Supervisor: _____ | Reason for Leaving: _____ |

Description of Duties: _____

| |
|---------------------------|
| SALARY OR EARNINGS |
| Starting: _____ per _____ |
| Ending: _____ per _____ |

DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR PRESENT EMPLOYER? _____ YES _____ NO

2. EMPLOYER: _____ DATES OF EMPLOYMENT From _____ To _____
 Month/Year Month/Year

ADDRESS: _____
 Street City State Zip AC/Phone

POSITION HELD: _____ KIND OF BUSINESS: _____

Supervisor: _____ Reason for Leaving: _____

Description of Duties: _____

| | |
|--------------------|-----------|
| SALARY OR EARNINGS | |
| Starting: _____ | per _____ |
| Ending: _____ | per _____ |

3. EMPLOYER: _____ DATES OF EMPLOYMENT From _____ To _____
 Month/Year Month/Year

ADDRESS: _____
 Street City State Zip AC/Phone

POSITION HELD: _____ KIND OF BUSINESS: _____

Supervisor: _____ Reason for Leaving: _____

Description of Duties: _____

| | |
|--------------------|-----------|
| SALARY OR EARNINGS | |
| Starting: _____ | per _____ |
| Ending: _____ | per _____ |

4. EMPLOYER: _____ DATES OF EMPLOYMENT From _____ To _____
 Month/Year Month/Year

ADDRESS: _____
 Street City State Zip AC/Phone

POSITION HELD: _____ KIND OF BUSINESS: _____

Supervisor: _____ Reason for Leaving: _____

Description of Duties: _____

| | |
|--------------------|-----------|
| SALARY OR EARNINGS | |
| Starting: _____ | per _____ |
| Ending: _____ | per _____ |

5. EMPLOYER: _____ DATES OF EMPLOYMENT From _____ To _____
 Month/Year Month/Year

ADDRESS: _____
 Street City State Zip AC/Phone

POSITION HELD: _____ KIND OF BUSINESS: _____

Supervisor: _____ Reason for Leaving: _____

Description of Duties: _____

| | |
|--------------------|-----------|
| SALARY OR EARNINGS | |
| Starting _____ | per _____ |
| Ending _____ | per _____ |

6. EMPLOYER: _____ DATES OF EMPLOYMENT From _____ To _____
Month/Year Month/Year
 ADDRESS _____
Street City State Zip AC/Phone

POSITION HELD: _____ KIND OF BUSINESS: _____
 Supervisor: _____ Reason for Leaving: _____

Description of Duties: _____

| | |
|--------------------|-----------|
| SALARY OR EARNINGS | |
| Starting: _____ | per _____ |
| Ending: _____ | per _____ |

7. EMPLOYER: _____ DATES OF EMPLOYMENT From _____ To _____
Month/Year Month/Year
 ADDRESS: _____
Street City State Zip AC/Phone

POSITION HELD: _____ KIND OF BUSINESS: _____
 Supervisor: _____ Reason for Leaving: _____

Description of Duties: _____

| | |
|--------------------|-----------|
| SALARY OR EARNINGS | |
| Starting: _____ | per _____ |
| Ending: _____ | per _____ |

8. CLERICAL SKILLS

- A. Typing Speed: _____ wpm. _____
- B. Shorthand? _____ Yes _____ No If YES, wpm _____
 Type: Gregg _____
 Pittman _____
 Speedwriting? _____ Yes _____ No If YES, wpm _____

NOTE: For positions requiring shorthand/speedwriting and/or typing, tests will be given.

By checking the signature box below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I understand that if I am employed I will be required to sign a statement certifying the same.

Signature

"The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Further, the KISSIMMEE UTILITY AUTHORITY is hereby authorized to make any investigation deemed by them to be necessary. Such investigation may include my employment history and/or information as to my character and general reputation."

X _____
 Signature of Applicant



EEO INFORMATION FOR RECORD REPORTING AND OTHER STATUTORY REQUIREMENTS

This information is confidential and will **NOT** be attached to your application for employment.

Completion is voluntary and **NOT** a condition to employment.

Kissimmee Utility Authority is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, age, sex, national origin or **DISABLED STATUS**.

Date: _____

Position Applied For _____

Referred by: _____

Name of Applicant: _____

Address: _____

Birthdate: _____ Age: _____

Race/Ethnic Group **(x one)**

White _____ Black _____ Hispanic _____ Asian/Pacific Islander _____ American Indian/Alaskan Native _____

Sex **(x one)**: Male _____ Female _____

Marital Status **(x one)**: Single _____ Married _____ Divorced _____ Widowed _____

Title Preferred **(x one)**: Mr. _____ Mrs. _____ Miss _____ Ms. _____ Other _____

Number of Dependent Children _____

Veteran: _____ Yes _____ No

Disabled Veteran: _____ Yes _____ No

If Disabled, what is your disability rating? _____

Click to Print Application



Kissimmee Utility Authority
1701 W. Carroll Street
Kissimmee, FL 34741
VETERAN'S PREFERENCE NOTICE

Notice to Applicants

In compliance with Chapter 295 of the Florida Statutes and its applicable rules, Kissimmee Utility Authority ("KUA") recognizes Veteran's preferences in employment, promotion and retention.

Applicants wishing to assert Veteran's preference in employment should complete this questionnaire and return it to KUA's Human Resources Department along with a copy of the appropriate forms as listed below, and a completed employment application.

Application for Veteran's Preference

I, _____ wish to assert Veteran's preference in employment. I qualify under the following category:

Check the Category Which Applies to You:

A veteran of any war who served on active duty as defined by Florida Law and 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. Attach DD214.

Honorably discharged disabled Veteran who has a service-connected compensable disability. Attach DD214 form and a document from the Department of Defense, the Veterans Administration or the Division of Veterans Affairs certifying the service-connected disability.

The spouse of a totally disabled Veteran, if your spouse is unable to assert the preference. Attach all of the following:

1. your spouse's DD214 form; and
2. a certification from the Department of Defense or Veterans Administration that your spouse is totally and permanently disabled or an identification card issued by the Division of Veterans Affairs; and
3. evidence of marriage to your spouse and a statement that you are still married to spouse; and
4. proof that your spouse cannot qualify for employment because of the service-connected disability.

The spouse of any person on active duty that is missing in action, captured in the line of duty or forcibly detained. Attach (1) a document from the Department of Defense certifying same; (2) evidence of marriage; and (3) a statement that you are still married to the spouse.

The un-remarried widow or widower of a Veteran who died of a service-connected disability. Attach (1) a document from the Department of Defense or the Veterans Administration certifying the service connected death of your spouse; (2) evidence of your marriage; (3) a statement that you have not remarried; and (4) DD214.



Entry Date **Release Date** **Branch**

Occupational Specialty

Type of Discharge

Do you have a Veteran's Disability Rating? Yes No
If yes, the disability rating is Less than 30% 30% or more

Have you ever been employed by the State of Florida or political subdivision of the State of Florida? (i.e. county, city) Yes No

If Yes, list employer, address, and date:

I hereby certify that the information provided above and the documents attached are true and correct to the best of my knowledge. I understand that intentional misrepresentation of this information shall disqualify me from employment and, if employed, may result in disciplinary action up to and including discharge. I have been provided with non-selection notification procedures below.

Applicant's Signature Date

Non-Selection Notification

Should the position for which you are applying be filled by another applicant, you will be notified in writing. Inquiries regarding the selection procedure should be directed to 933-7777, KUA's Human Resources Department. If you wish to file a written complaint, it must be directed to the State of Florida, Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, FL 33731-8903 within 21 days of receipt of non-selection notice from KUA.