



## *Human Resources*

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.
- All vacancies are posted on our website at [www.kua.com](http://www.kua.com).

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

Please take this letter with you for future reference.

Sincerely,

WILBUR D. HILL, VICE PRESIDENT

*Celebrating a Decade of Excellence*

P.O. Box 423219 • Kissimmee, Florida 34742-3219 • (407) 933-7777 • FAX (407)933-1761



P.O. BOX 42321 KISSIMMEE, FLORIDA 34742-3219  
407-933-7777

**APPLICATION FOR EMPLOYMENT**  
(Type or print preferably in black ink)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. # City State Zip

( ) ( )  
Home Phone Business/Message Phone  
FL Driver's License No.  Operator  Chauffeur

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 circle the 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: 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		Credit Hrs. Completed Indicate Qtr./Semester	Have You Graduated?	Degree	Major/Minor
	From Mo/Yr	To Mo/Yr				
Name/Location of Technical Vocational/Trade School	Dates Attended		Classroom/Credit Indicate Qtr./Semester	Have You Graduated?	Certificate/ Degree	Major/Minor
	From Mo/Yr	To Mo/Yr				

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 (ANSWER YES OR NO)**

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 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: (Check one)**

- Newspaper
- Job Posting
- Trade School
- Agency
- College Recruitment
- Job Service of Florida
- High School Recruit
- Other \_\_\_\_\_
- Employee Referral
- Walk-in
- Prof. Org./Assoc

**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 type of machines or equipment operated. A resume may be attached to supplement the 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: \_\_\_\_\_  
Street City State Zip AC/Phone

POSITION HELD: \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

# of Employees Supervised (If Applicable) \_\_\_\_\_

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: \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS: \_\_\_\_\_  
Street City State Zip AC/Phone

POSITION HELD: \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

# of Employees Supervised (If Applicable) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

3. EMPLOYER: \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS: \_\_\_\_\_  
Street City State Zip AC/Phone

POSITION HELD: \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

# of Employees Supervised (If Applicable) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

4. EMPLOYER: \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS: \_\_\_\_\_  
Street City State Zip AC/Phone

POSITION HELD: \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

# of Employees Supervised (If Applicable) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. EMPLOYER: \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS: \_\_\_\_\_  
Street City State Zip AC/Phone

POSITION HELD: \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

# of Employees Supervised (If Applicable) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

6. EMPLOYER: \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS: \_\_\_\_\_  
Street City State Zip AC/Phone

POSITION HELD: \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

# of Employees Supervised (If Applicable) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

7. EMPLOYER: \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS: \_\_\_\_\_  
Street City State Zip AC/Phone

POSITION HELD: \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

# of Employees Supervised (If Applicable) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

8. EMPLOYER: \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS: \_\_\_\_\_  
Street City State Zip AC/Phone

POSITION HELD: \_\_\_\_\_ KIND OF BUSINESS: \_\_\_\_\_

# of Employees Supervised (If Applicable) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

9. CLERICAL SKILLS  
Typing Speed: \_\_\_\_\_ wpm

NOTE: For positions requiring typing, tests may be given.

"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

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.



## 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.



---

<b>Entry Date</b>	<b>Release Date</b>	<b>Branch</b>
-------------------	---------------------	---------------

---

**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.