



# APPLICATION FOR EMPLOYMENT

## **HOLLEY NAVARRE WATER SYSTEM INC.**

P.O. BOX 6539  
NAVARRE, FLORIDA 32566-2239  
PHONE: (850) 939-2427 FAX: (850) 939-9541

Please complete the following information in legible print or type. Your resume will be accepted as an addendum; however does not substitute for completion of this Application. To be eligible for consideration, please fill out this Application in its entirety.

**Name:** \_\_\_\_\_  
(Last) (First) (M.I.) (Social Security #)

**Current Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_  
(Home) (Cell) (Work)

**Position you are applying for:** \_\_\_\_\_ **Salary desired:** \_\_\_\_\_

**Do you currently possess a valid Florida Driver's License?** [ ] YES [ ] NO

**Have you ever been employed by Holley Navarre Water System?** [ ] YES [ ] NO

**Are you legally authorized to work in the United States?** [ ] YES [ ] NO

**Are you at least 18 years of age:** [ ] YES [ ] NO

**Have you ever been involuntarily discharged from employment for any reason?** [ ] YES [ ] NO

**\*If yes, please explain:** \_\_\_\_\_

**Have you ever been convicted of a felony charge?** [ ] YES [ ] NO

**\*If yes, please list the offense, date of conviction, where the conviction occurred and the sentence imposed by the court:**

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**High School:** \_\_\_\_\_  
(Name of School) (City) (State)

**Circle highest grade completed:** 9 10 11 12      **Did you graduate:** [ ] YES [ ] NO

**College/University:** \_\_\_\_\_  
(Name of School) (City) (State)

**Major field of study:** \_\_\_\_\_      **Did you graduate?** [ ] YES [ ] NO

**Degree Obtained:** \_\_\_\_\_

**Trade/Vocational:** \_\_\_\_\_  
(Name of School) (City) (State)

**Trade/Vocation Studied:** \_\_\_\_\_      **Did you graduate?** [ ] YES [ ] NO

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**List any skills/training you feel are pertinent to the position in which you are applying:**

\_\_\_\_\_  
\_\_\_\_\_

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**Military Service:** \_\_\_\_\_      **Dates of Service:** \_\_\_\_\_  
(Branch) (From) (To)

**Type of Discharge:** \_\_\_\_\_

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**List all current and/or prior employment, starting with your current or most recent position:**

**Name of Employer:** \_\_\_\_\_      **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_      **Phone Number:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Starting Date:** (Month)\_\_\_\_\_ (Year)\_\_\_\_\_      **Ending Date:** (Month)\_\_\_\_\_ (Year)\_\_\_\_\_

**Starting Salary:** \_\_\_\_\_      **Ending Salary:** \_\_\_\_\_      **Reason for Leaving:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_      **Title:** \_\_\_\_\_

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**Name of Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Starting Date:** (Month)\_\_\_\_\_ (Year)\_\_\_\_\_ **Ending Date:** (Month)\_\_\_\_\_ (Year)\_\_\_\_\_  
**Starting Salary:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**Name of Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Starting Date:** (Month)\_\_\_\_\_ (Year)\_\_\_\_\_ **Ending Date:** (Month)\_\_\_\_\_ (Year)\_\_\_\_\_  
**Starting Salary:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**Name of Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Starting Date:** (Month)\_\_\_\_\_ (Year)\_\_\_\_\_ **Ending Date:** (Month)\_\_\_\_\_ (Year)\_\_\_\_\_  
**Starting Salary:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**List three (3) personal references, other than relatives or former employers:**

<u>Name</u>	<u>Home or Business Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT’S AUTHORIZATION AND AFFIRMATION STATEMENTS**

Holley Navarre Water System Inc. is an Equal Employment Opportunity Employer. All applicants are considered regardless of national origin, race, color, religion, marital status, sex, age, disability, or other legally protected status. Individuals are employed based on job-related qualifications thus ensuring the best qualified candidate is chosen for each position.

I affirm that all statements made herein are true and correct to the best of my knowledge. I understand that any false statements, misrepresentation, or omission of facts may be cause for my ineligibility for employment or for dismissal from employment if hired.

If hired, I understand that I am an at will employee and my employment may be terminated with or without cause. As well, I agree to abide by all Holley Navarre Water System Inc. policies and procedures.

By signing this Application, I give my authorization and consent to any person or organization that I have been associated with that has control of any documents, records and other information pertaining to me, to furnish such information upon request by Holley Navarre Water System Inc. I hereby release Holley Navarre Water System Inc. and all persons or organizations from any liability arising from such statements, their solicitation or use.

This Application will serve as a release of any and all information and for this purpose a photo copy shall be considered an original and valid.

**I have read in full and understand the above statements.**

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**

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**FOR HOLLEY NAVARRE WATER SYSTEM USE ONLY**  
**APPLICANT: DO NOT WRITE IN THE SECTION BELOW**

Date of Interview: \_\_\_\_\_

Interviewer’s Initials: \_\_\_\_\_

Candidate is:             SELECTED             NOT SELECTED

**If Applicant was not selected, please check the appropriate box below:**

Does not meet minimum qualifications             Did not show for interview

Not best qualified             Insufficient experience             Better matched candidate chosen

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