



Human Resources Department  
 Utility Board of the City of Key West  
 "Keys Energy Services"  
 P.O. Box 6100 • Key West, FL 33040  
 Phone (305) 295-1069  
 www.keysenergy.com

## Application for Employment

Please print clearly in ink or type and answer all questions. If one does not apply, insert "NA".

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related disability, or any other legally protected status.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Address: \_\_\_\_\_ Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

### References (Do not use KEYS Board Members or Employees as references.)

Give name, address and telephone number of three references who are not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Relatives Employed at Keys Energy Services

Name	Relationship	Occupation	Work Location
1. _____	_____	_____	_____
2. _____	_____	_____	_____

# Education

Do you have a High School diploma or equivalent?  Yes  No

	Name & City/State	Years Attended	Degree/Certificate/Diploma & Field of Study
High School			
Community College			
4-Year College			
Graduate School			
Business/technical			
Other			

Professional Licenses, Certificates and Memberships:

Indicate any **FOREIGN LANGUAGES** you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

# Driving Record

Do you have a valid driver's license?  Yes  No

State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

What class of license(s) do you possess? \_\_\_\_\_

Any restrictions?  Yes  No

If Yes, list restrictions: \_\_\_\_\_

Have you had a suspension or probation of your license within the last five years?  Yes  No

Do you have any limitations that would prohibit you from operating a motor vehicle?  Yes  No

If Yes, explain in detail: \_\_\_\_\_

**List all traffic violations (except parking) on your record for the last five years and all accidents for which you are responsible (use additional page if necessary):**

Date	Location	Description	Result

# Conviction Record

List all convictions for criminal offenses (regardless of whether adjudication was withheld) for misdemeanors as well as felonies for which the date of conviction or prison release (whichever is more recent) is within seven years of the date on this application. A conviction record will not necessarily bar you from employment with Keys Energy Services. The information provided herein will be investigated and reviewed to determine whether it reveals any job relatedness with regard to the position for which you are applying.

Date of Conviction	City/State of Offense	Nature of Offense	Sentence/Fine

I hereby authorize Keys Energy Services to investigate all statements herein, and request any duly constituted law enforcement agency or judicial officer to furnish all information pertaining to me. I hereby release Keys Energy Services, any law enforcement agency, judicial officer or other individual from any liability arising from said disclosures.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Dates: From	To
Address	Pay: Starting	Final
Phone Number(s)	Supervisor:	
Job Title:	Work Performed:	
Reason for Leaving:		

2. Employer	Dates: From	To
Address	Pay: Starting	Final
Phone Number(s)	Supervisor:	
Job Title:	Work Performed:	
Reason for Leaving:		

3. Employer	Dates: From	To
Address	Pay: Starting	Final
Phone Number(s)	Supervisor:	
Job Title:	Work Performed:	
Reason for Leaving:		

4. Employer	Dates: From	To
Address	Pay: Starting	Final
Phone Number(s)	Supervisor:	
Job Title:	Work Performed:	
Reason for Leaving:		

Did you work for any of these employers under a different name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, which employer and under what name(s)? \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---



---

# **Veteran's Preference Information and Form:**

Veteran's preference in employment will be given to eligible veteran's and/or spouses, who are otherwise qualified for employment, in accordance with Chapter 295 of Florida Statutes.

I. Are you claiming veteran's preference?  Yes  No

If you checked Yes, complete the following Veteran's Preference form and provide all required support/back-up information to verify eligibility for veteran's preference.

II. Check the box that identifies the basis for your veteran's preference eligibility:

- 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or a pension under public laws administered by the U.S. Department of Veteran's Affairs and the Department of Defense.
- 2. The spouse of a veteran who cannot qualify for employment because of a total or permanent service-connected disability, or the spouse of a veteran missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned by a foreign government or power.
- 3. A veteran of any war (as defined in sec. 1.01(14), Fla. Stat.), who has served on active duty for one (1) day or more during a wartime period, and who was discharged or separated under honorable conditions from the Armed Forces of the United States of America. Active duty training is not allowable for veteran's preference consideration.
- 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
- 5. A veteran who is otherwise qualified and who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized, including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

III. Have you ever been employed by the State of Florida, or any political subdivision of the State (such as a county, municipality, special district, public university or college, community college, or public school district)?  Yes  No

If yes, list the name and address of the public employer, the start & finish date and job title(s) that you worked:

---

IV. Are you a resident of the State of Florida?  Yes  No

Under Florida law, preference will be given in employment by the state and its political subdivisions to eligible applicants, first to those persons eligible under Part II, Section 1 and 2, above. If an applicant claiming veteran's preference for a vacant position is not selected, the applicant may file a complaint with the Department of Veteran's Affairs at 11351 Ulmerton Road, Largo, Florida 33778-1630. A complaint must be filed within twenty-one (21) days after the notice of hiring decision, or within three (3) months of the date the application was filed with the employer if no notice of selection was given.

Proper documentation of military service (and disability if applicable) and Florida residency must be provided at the time of the application to support any claim for veteran's preference.

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

Signature of Applicant

---

Date

## Applicant's Pre-Employment Physical and Drug Test Acknowledgment Release and Consent

I understand that Keys Energy Services has a policy which requires that all offers of employment are contingent upon my passing a medical evaluation to determine whether there are illegal or controlled substances in my body.

I also understand and consent, in the event that Keys Energy Services intends to offer me employment, to undergo medical evaluation, including testing of my urine and/or blood, for purposes of determining whether I will be eligible for employment.

I hereby authorize any Keys Energy Services designated physician, laboratory, hospital or medical professional to conduct such screening and provide the results thereof to Keys Energy Services, and I release Keys Energy Services, its employees and agents, and any such designated institution or person from any liability resulting from such screening/medical evaluation.

In the event of failure of (or refusal to take) the urine and/or blood drug screen described above, I understand I will not be considered for employment with Keys Energy Services for a period of six months.

---

Signature of Applicant

---

Date

---

Signature of Witness

---

Date