

Application Instructions

Thank you for your interest in applying for a position at Florida Community Services Corp. of Walton County, d/b/a Regional Utilities.

Regional Utilities is an equal opportunity employer. We encourage you to apply for any position that you are qualified for and interested in.

You may submit your application by:

Email: sharla@regionalutilities.net

Fax: 850-231-4988

Mail or dropping off at our physical location: Regional Utilities, Attn: HR, 4432 US 98 E., Santa Rosa Beach, FL, 32459

In addition, help us spread the word about job openings at Regional Utilities. If you know of someone who is qualified for and may be interested in a job opening, please forward our website link careers page to them. <http://www.regionalutilities.net/career-opportunities/>

We wish you the best of luck in your job search!

**Application is below.
Scroll down.**

APPLICATION FOR EMPLOYMENT

1. PERSONAL

Name in Full: _____
Number Last First Middle Social Security

Home Address: _____
Street & No. City/State/Zip Code Home Telephone Number

Desired Wage: _____/Hour Date Available for Work: _____

For which position are you applying? _____

Days Available: M T W TH F S S

What hours? _____ Are there any hours you cannot work? Yes No If yes, list hours: _____

Do you prefer to work full-time , part-time , or temporary ?

Have you ever worked for the Company before? Yes No If so, where and when? _____

If yes, give name used when you worked and location: _____

List relatives working at this location: _____ Other location: _____

Are you a U.S. Citizen: Yes No If no, do you possess any of the required documents which permit you to work here? (The list of documents is attached.) Yes No

If yes, describe the document or documents: _____

If applying for a position which requires a driver's license, certification or other registration, please list below:

Type: _____ No.: _____

Type: _____ No: _____

If you are offered a job, are you willing to take a post-offer medical examination to the extent permitted by the ADA? Yes No

If you are known by other names at other employers listed under "Employment History", please list those names:

2. EMPLOYMENT HISTORY

Account for the last three years' employment, beginning with the most recent job. All time must be accounted for. Complete all the information as to each employer in the spaces below.

Name, Address & Phone Number of Company and Type of Business	Supervisor	Dates Employed (From/To)	Position Title	Salary	Reason for Leaving	Brief Description of Duties

III. TERMINATIONS

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes No

If yes, give details, including the name and address and/or telephone number of the employer who terminated your Employment and the reason you were told you were terminated: _____

Do you agree that the reason given for your termination was valid? Yes No

IV. EDUCATION

Education or training which you believe qualifies you for the position you are seeking

	Name & Location	From/To (Month/Year)	Course of Study	Graduate Yes/No	Specify Degree
High School					
Trade School					
Technical					
College					
Armed Forces					
Other:					

V. MISCELLANEOUS

Have you ever been convicted of any crime (other than minor traffic violations) within the last 5 years? Yes No

If applying for a driving position, answer "yes" if any conviction of traffic violations within the last 5 years. If your answer

is "yes" explain the details and indicate when, where and the disposition of each cause. (A conviction will not bar you from employment unless it is job related).

Other than as answered elsewhere in this application, do you have knowledge of any facts which you believe are relevant

to your qualifications to perform the job for which you are applying? Yes No

List all special skills, experience or training you consider relevant to the position you seek:

Do you speak or read any language other than English? Yes No

If so, please identify and describe your proficiency level:

I certify that I have not knowingly withheld any information requested in completing this application and I understand that misrepresentation or failure to disclose all information requested by me in this application will result in rejection of the application or dismissal from the Company when later discovered. I authorize the Company to conduct an investigation of the contents of this application and I specifically authorize any company or person or entity to provide the Company any information about me either considers in their discretion to be relevant to my past, present or future employment.

Signature/ Date

Understandings:

1. I understand that if hired, I will be placed on a 90-day probationary period. I further understand that in accordance with the Florida Statute Section 443.131 (3)(a)(2), if I am terminated for unsatisfactory work performance within the 90-day probation period, the employer's unemployment account shall not be charged for any unemployment benefits paid to me.

Applicant's initials _____

2. I understand and agree that all policies and procedures of the Company may be modified, amended or deleted by the employer with or without notice to me or such amendment, modification or deletions; that the policies and procedures, whether oral or written, are to be advisory only, and are not to be interpreted as a contract of employment, and that my employment may be terminated at the will of either myself or the Company, with or without notice by either party. I also understand any other arrangement, agreements or understanding regarding the terms of employment are hereby canceled and superseded and that no amendment or exception to this statement is valid unless in writing and signed by a corporate officer of the Company.

Applicant's initials _____

3. I understand that if I am employed by the Company, in the future some potential employer or other person or entity may contact the Company concerning my work record and performance at the Company. I hereby consent to and authorize persons employed by the Company to divulge any and all information they consider to be relevant to such inquiries about my work record or any other matter they consider significant to any persons representing themselves to be an employer of mine, a potential employer of mine, or any other person or entity.

Applicant's initials _____

4. I agree to submit to testing to determine the presence or absence of alcohol or illegal controlled substances in my body under whatever legal policies or procedures the Company has in effect on the subject at the time testing is required.

Applicant's initials _____

5. I understand that should I be employed by Florida Community Services Corp., I will be exposed to confidential and privileged materials and information possessed by Florida Community Services Corp. As such, I understand that as a condition of my employment, I must sign a Non-Disclosure and Non-Competition Agreement to protect those materials and information during my employment and in the event my services a Florida Community Services Corp. are discontinued. I understand that if I refuse to execute said Agreement or fail to fulfill my obligations under the Agreement, my employment will be subject to immediate termination.

Applicant's initials _____

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

As an applicant or employee of Florida Community Services Corp. of Walton County, Inc. at some point Florida Community Service Corp. may procure (or cause to be procured) your consumer report or an investigative consumer report for employment purposes. These reports cannot be obtained without your consent, which your signature below will indicate.

“ I, _____, hereby authorize Florida Community Services Corp. to procure, or cause to be procured, my consumer report and/or investigate consumer report for employment purposes.”

Applicant/Employee

Date

In case of an emergency, please contact:

Name

Relationship

Telephone Number