

DESTIN WATER USERS, INC.

P.O. BOX 308 DESTIN, FL 32540 850-837-6146

APPLICATION FOR EMPLOYMENT

Position Desired: _____	Date: _____
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Name: Last _____	First _____	Middle Initial _____
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Address	_____	_____	_____	_____
For Past	Street	City	State & Zip Code	Yrs at this Address
Three	_____	_____	_____	_____
Years	Street	City	State & Zip Code	Yrs at this Address
_____	_____	_____	_____	_____
Are you 18 or older?	_____	Can you provide proof of age?	_____	_____
Telephone Numbers:	Day _____	Evening _____	_____	_____
If no phone, how can you be reached?	_____	Email Address	_____	_____
U.S. Military Service:	Yes ___ No ___	If Yes Give: Branch _____	Service Dates _____	Reserve Status _____

Position for which you are applying: _____	Wage Expected: _____	Date Available: _____
Expand on type of work you prefer: _____	Referral Source: Ad ___ Walk-in ___ Agency ___	Friend ___ Relative ___ Other ___

Have you ever been employed by us? Yes ___ No ___ If yes, when? _____	Have you filed application here before? Yes ___ No ___ If yes, when? _____	Would you work other than full time? Yes ___ No ___ Permanent Part-time Yes ___ No ___ Temporary Yes ___ No ___
Do you have a relative who is employed by us Yes ___ No ___ If yes, name and department _____		

Have you ever been convicted of a crime other than traffic violation? * ___ Yes ___ No If yes, describe the facts, circumstances, & rehabilitation. _____ _____
Have you ever pled guilty, pled no contest, pled nolo contendere, had adjudication withheld, or been place in a pre-trial intervention or diversion program as a result of being charged with a crime? * ___ Yes ___ No. If yes, give details (date, place, offense(s) charged, disposition, etc) _____ _____
Have you ever been a defendant in a civil action alleging intentional tort or wrongdoing? * ___ Yes ___ No. If yes, please describe the nature of the alleged action and the disposition of the case. _____ _____

***Note:** Answering "Yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed/considered in relationship to the underlying facts and circumstances of the position for which you are applying.

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EDUCATION:

<u>GRADE</u>	<u>NAME OF SCHOOL</u>	<u>CITY AND STATE</u>	<u>DIPLOMA OR DEGREE RECEIVED</u>
<u>Elementary</u>			
<u>High School</u>			
<u>College</u>			
<u>Other</u>			
Describe any other course of study you have had that you feel would be helpful in this position:			

Professional Licenses and Certifications:

Are you currently: Registered _____ Licensed _____ Certified _____
 Are you eligible for Registration _____ Licensure _____ Certification _____

Type	State/National	Date Expires	No.
Type	State/National	Date Expires	No.

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone
Address	Employed – (State month and year)
	From To
Supervisor	Weekly Pay
	Starting Ending
Describe Position	
Reason for Leaving	
Company Name	Telephone
Address	Employed – (State month and year)
	From To
Supervisor	Weekly Pay
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Describe Position	
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Company Name	Telephone
Address	Employed – (State month and year) From To
Supervisor	Weekly Pay
Describe Position	
Reason for Leaving	

EXPERIENCE AND QUALIFICATIONS – DRIVER DRIVER LICENSES BEGIN WITH MOST RECENT

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

List all traffic violations in past 5 years, which resulted in a conviction, or a guilty plea.

List all at-fault traffic accidents in the past 5 years.

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked?

Yes _____ No _____

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A. APPLICANT UNDERSTANDING AND AGREEMENT

Thank you for your display of interest in our Company by completing this application for employment. Be assured that our management decision on employment is based on a conscientious matching of job requirements with applicant skills and qualifications without regard to race, creed, religion, sex, age, national origin, ancestry, or disability or other protected characteristics. The intent of our employment effort is to derive positive benefit through the best utilization and development of human resources.

Please read the following carefully and sign only after you have completed the application.

1. The information I have provided is correct and accurate to the best of my knowledge and I permit Destin Water Users, Inc. to verify such information..
2. I hereby authorize and release from any and all liability and responsibility (a) all persons, companies or corporations supplying verification or information relevant to this application, and (b) Destin Water Users, Inc. and its employees, officers, and directors in obtaining the same.
3. I fully understand and agree:
 - A. Any misrepresentation or omission in this application may justify refusal of employment, or if employed, cause for immediate dismissal.
 - B. To submit to a post employment medical examination. Destin Water Users, Inc is authorized to obtain from any medical provider a complete medical and report.
 - C. Before employment, I understand that I will be expected to sign the Employment Certificate and Agreement section.
 - D. To use such personal protective equipment practices and devices as may be directed by Destin Water Users, Inc. to comply with safety rules and requirements.

B. EMPLOYEE'S CERTIFICATION AND CONSENT AGREEMENT

My signature below signifies my agreement to the above and the following:

1. Recognition of At Will Status

I understand that I am an employee at will, that my employment is of an indefinite duration and that either I or the Company can terminate the relationship at any time without need of formal notice or reason by either party. No agreement to the contrary will be recognized without written approval of the Board of Directors or General Manager. I further recognize that the terms and conditions of my employment may be changed by the Company at any time, with or without notice.

2. Employee Consent

I also understand that I may be discharged at any time for unsatisfactory work performance or any other reason. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time at the option of Destin Water User, Inc. or myself.

If Destin Water Users, Inc. employs me, I understand that it is my responsibility to keep an accurate and complete record of my hours worked each day. I further understand and voluntarily agree, as a condition of employment or my continued employment, that I may be requested by Destin Water Users, Inc. to submit to a urinalysis or other drug screen test, and that my failure to take such test(s) when requested to do so, or unsatisfactory results, will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I acknowledge and agree that if at any time I am subjected to any type of discrimination and/or harassment, or have any other employment-related disputes or claims, I will contact Destin Water Users, Inc.'s Administrative Manager immediately to obtain assistance in the resolution of such matters, and agree to allow Destin Water Users, Inc. the opportunity to resolve any such claim or issue prior to seeking resolution through other means.

I further acknowledge and agree that any dispute or claim between me and Destin Water Users, Inc. relating in any way to my employment and/or separation thereof, which cannot be resolved informally, shall first be submitted to voluntary mediation through a mutually agreeable mediator. If not resolved by mediation, the disputed claim shall be resolved in Okaloosa County, Florida by an impartial arbitrator selected in accordance with the voluntary arbitration rules of the American Arbitration Association, as the exclusive remedy of such dispute. It is agreed that failure to timely submit any claims to arbitration shall result in a waiver of the alleged claims. I further agree to waive any and all claims not raised through this procedure, except as otherwise required by law.

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C. AUTHORIZATION FOR DRIVING RECORD RELEASE

I authorize Destin Water Users, Inc. to have access to any driving record that I might have in the files of the State Driver's License Bureau.

Address: _____

Social Security No. _____

D. INDIVIDUAL ATTESTATION

The undersigned hereby attests, under penalty of perjury, that he/she is a citizen or national of the United States, an alien lawfully admitted for permanent residence, or an alien who is authorized under applicable law to be hired, recruited or referred for such employment.

My signature below indicates my understanding of and consent to the matters set forth above.

Signature _____ Date _____