



Application for Employment

*All questions must be answered carefully and completely. If you have a resume you may attach it, but you **MUST** fill in the required information on the application form.*

Today's Date: _____	Social Security No: _____
Name _____ <small style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </small>	Email Address: _____
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give name _____	Date of name change _____
Current Address _____ <small style="text-align: center;">Number and Street</small>	Phone No. () _____
City _____ State _____ Zip _____	Message Phone () _____
List all prior addresses for the last 7 years:	
Date: From Date To Number and Street City State Zip	
Date: From Date To Number and Street City State Zip	
Date: From Date To Number and Street City State Zip	

EMPLOYMENT DESIRED

Position Desired _____	Salary Desired _____
Check type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
If not Full Time, days available: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
If not Full Time, hours available _____	
On what date would you be available to start work? _____	
Are you willing and able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL DATA

Have you ever applied to or been employed with us before? Yes No If yes, give date _____

Do you have any friends or relatives working for the District? Yes No

If yes, state name(s) and relationship _____

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Driver's License Number: _____ State of Issue: _____

Can you travel if the job requires it? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

Are you at least 18 years old? Yes No *If under 18, hire is subject to verification that you are of minimum legal age.*

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

A conviction will not necessarily disqualify you for employment.

EMPLOYMENT EXPERIENCE

*Start with your most recent job and give last 5 years. Feel free to attach additional pages if necessary. You **MUST** complete this section even if attaching a resume. Account for all periods of unemployment.*

1) Employer	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
Address			
Phone No.			
Job Title	Supervisor		
Reason For Leaving			
2) Employer	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
Address			
Phone No.			
Job Title	Supervisor		

Reason For Leaving			
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EMPLOYMENT EXPERIENCE - continued

3) Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
4) Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
5) Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			

EDUCATION AND TRAINING

Type of School	Name and Location of School (Provide full names of schools)	Dates Attended	Name and Date of Degree Earned	Major and Minor Fields of Study
High School or Trade School		<i>Do not supply dates for high school</i>	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tech. School				
College				
College				

WATER AND WASTEWATER TRAINING AND CERTIFICATIONS

Water: _____ _____
Wastewater: _____ _____

SPECIAL SKILLS AND QUALIFICATIONS

Computer Software: _____
Other Equipment: _____

PROFESSIONAL REFERENCES

List below three people you have worked with for at least one year (do not list supervisors). Do not list relatives or friends unless you have worked with them.

Name _____	Occupation _____
Phone No. _____	Email Address: _____
No. years acquainted _____ Company where you worked together: _____	
Name _____	Occupation _____
Phone No. _____	Email Address: _____
No. years acquainted _____ Company where you worked together: _____	
Name _____	Occupation _____
Phone No. _____	Email Address: _____
No. years acquainted _____ Company where you worked together: _____	

APPLICANT'S CERTIFICATION AND AUTHORIZATION

Please read carefully and sign/date below.

I hereby certify I have not knowingly withheld any information which might adversely affect my chances of employment and the answers given by me are true and correct to the best of my knowledge. I further certify I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of material fact on this application or any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, court, administrator, law enforcement agency, state agency, federal agency, finance bureau/office, credit bureau, collection agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my employment records, earnings history, credit history, educational records, health, character, criminal history, motor vehicle history, workers' compensation claims, or other information requested to the District or its representative. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this applicant. I further agree, in the event that I am hired by the District, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the District, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I HAVE READ AND UNDERSTOOD THE ABOVE:

Applicant's Signature

Date

Applicant's Name Printed