



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: _____

Name _____ Email Address: _____

Last First Middle

Current Address _____ Phone No. () _____

Number and Street

_____ Message Phone () _____

City State Zip

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: Full Time Part Time Temporary

If not Full Time, days available: Mon Tue Wed Thur Fri Sat 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? Yes 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

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.

Are you able to communicate in any languages other than English? Yes No
If Yes, indicate language and level of proficiency (speaking and writing): _____

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

EMPLOYMENT EXPERIENCE - continued

3) Employer	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
	Job Title	Supervisor	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
4) Employer	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
	Job Title	Supervisor	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
5) Employer	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
	Job Title	Supervisor	
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, 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 past or current employment, earnings history, educational records, health, or character to the District or its representative. I voluntarily, knowingly and 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 further understand that if I am made a conditional job offer, additional background checks or verification of eligibility may be required.

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