



Application for Employment

We consider applicants for all positions without regard for race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Walk-in	<input type="checkbox"/> School/College _____	
<input type="checkbox"/> Relative/Friend _____	<input type="checkbox"/> Internet	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Street	City
	State	Zip Code
Telephone Number(s)		Social Security Number

Are you under 18 years of age? 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

Are you legally eligible for employment in the USA? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work?

Are you available to work: Part time Full time Temporary

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

Do you have a valid drivers license? Yes No

Will you be able to perform the essential duties of the job for which you are applying with or without reasonable accommodations? Yes No

Have you ever been convicted of a crime? If yes, please describe. A "yes" answer may not necessarily bar the applicant from consideration. _____

Do you have any records under a different name? If yes, give name(s) _____

Education

Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4
Diploma/Degree			
Describe Courses Studied			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
SMOKE AND DRUG FREE WORKPLACE

Employment Experience

Start with your present or last job. Include any Military service and volunteer activities.

Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone number(s)		<u>Hourly Rate/Salary</u> Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone number(s)		<u>Hourly Rate/Salary</u> Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone number(s)		<u>Hourly Rate/Salary</u> Starting Final		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills, Trade or Professional Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience, along with any professional, business or civic offices held.

List hobbies, sports and other outside interests. _____

Please Read Carefully

I have completed all the applicable questions and declare all the information to be true and correct. I authorize the District to investigate my past employment, education and background. I hereby release all parties from any liability for any damage whatsoever resulting from giving such information.

It is understood and agreed that any misrepresentation or omission by me on this application or in interview(s) will result in cancellation of this application and shall be sufficient cause for separation from Valley View Sewer District if employed.

If I accept a position with the District I agree to comply with all of the policies and procedures of Valley View Sewer District, and prior to my final paycheck, should I leave the District's employ, if I am hired, I agree to return all District property issued to me.

I understand that if hired, the length of my employment is not guaranteed. Recognizing that I will be free to terminate my employment at any time, with or without cause, I acknowledge that Valley View Sewer District will be free to terminate my employment at any time, with or without cause, and this statement cannot be altered, either orally or in writing, by anyone.

Applicant's Signature

Date