



CEDARRIVER
WATER & SEWER DISTRICT

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any unlawful basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief or disability that does not prohibit performance of essential job functions.

Date _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security number Telephone Number

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, green card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____
2. Do you have any relatives who are presently (or have formerly been) employed by Cedar River Water & Sewer District? _____
3. How were you referred to Cedar River Water & Sewer District? _____

II. Educational History

<u>School Name/Location</u>	<u>Years Completed</u>	<u>Degree/Diploma</u>
High School: _____		
College: _____		
Tech Training: _____		
Special Training: _____		
Certifications: _____		
Foreign Languages: _____		

III. Computer Skills

Hardware: _____

Software: _____

IV. Military Training

If applicable: _____

V. Employment Record

<u>Company Name (Current or Most Recent Employer)</u>	<u>Position Held</u>
_____	_____
<u>Address</u>	<u>Telephone</u>
_____	_____
<u>Manager/Supervisor</u>	<u>Dates Employed: From To</u>
_____	_____
<u>Reason for Leaving</u>	_____

_____	<u>Position Held</u>
_____	_____
<u>Address</u>	<u>Telephone</u>
_____	_____
<u>Manager/Supervisor</u>	<u>Dates Employed: From To</u>
_____	_____
<u>Reason for Leaving</u>	_____

V. Employment Record

Company Name	Position Held
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Address	Telephone
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Manager/Supervisor	Dates Employed:	From	To
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Reason for Leaving

Company Name	Position Held
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Address	Telephone
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Manager/Supervisor	Dates Employed:	From	To
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Reason for Leaving

Company Name	Position Held
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Address	Telephone
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Manager/Supervisor	Dates Employed:	From	To
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Reason for Leaving

NOTE: Use a separate sheet to list additional employers if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion.

VI. References (Please do not include relatives or former employers.)

Name	Address
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Telephone	Occupation	Years Known
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Name _____ Address _____

Telephone _____ Occupation _____ Years Known _____

Name _____ Address _____

Telephone _____ Occupation _____ Years Known _____

VII. Bonding (Administrative staff only)

1. Have you ever been bonded? Yes _____ No _____
2. Have you ever been refused bonding? Yes _____ No _____ If yes, Please explain: _____

VIII. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? Yes ___ No _____
3. Can you work overtime without prior notice? Yes ___ No _____
4. Can you work on Saturday? Yes _____ No _____
5. Can you work on Sunday? Yes ___ No _____
6. Can you travel if required by this position? Yes ___ No _____

IX. Salary/Hourly Rate Requirements

If application receives favorable consideration, what salary/hourly rate would you desire? \$ _____ per _____

X. Authorization

I certify that the facts contained in this application (and resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the District.

I understand that any employment is conditioned on a background check. I authorize the District to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the District, without giving me prior notice of such disclosure. In addition, I release the District, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed terms, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the district. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the District unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the District and as permitted by law. I consent to such examinations and tests, and I request that the examination doctor disclose to the District the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired, a condition of employment will be that I abide by the districts drug and alcohol policy.

I further understand that filling out this form does not indicate there is a position open and does not obligate the District to hire. If hired, I agree to abide by all District work rules, policies and procedures. The District retains the right to revise its policies or procedures, in whole or in part, at any time.

Applicant's Signature

Date

PERSONNEL USE ONLY	
Interview () Yes () No	Interview Date: _____
Interviewers: _____	