

APPLICATION FOR EMPLOYMENT

Tri-County Water Conservancy District (Employer) is an Equal Opportunity Employer. Employer does not unlawfully discriminate on the basis of race, sex, national origin, ancestry, religion, creed, age, physical or mental disability, or veteran status.

PROVIDE ALL, BUT ONLY, THE INFORMATION REQUESTED OR YOU MAY BE DISQUALIFIED.

I. Personal Information

 Last Name First Name Middle Initial Social Security #

 Street Address City State Zip Telephone #

Are you under 18 years of age? Yes ___ No ___. If "Yes," state your date of birth: _____.

Are you lawfully authorized to work in the United States? Yes ___ No _____.

If you are related to any of our employees, please state the name of the employee and the employee's position with Employer, if known. _____.

For what position(s) are you applying? _____.

On what date will you be available for work? _____. Are you on layoff and subject to recall? Yes ___ No ___

What will you work? Full Time ___ Part Time ___ Temporary ___ (dates available __/__/__ to __/__/__)

List days of week and hours of day you can't work: _____. Wage desired: _____.

Do you have any commitments that will necessitate your absence from work during regular work hours for more than a day within the next six months? Yes ___ No ___. If "Yes," explain: _____.

II. Job Requirements (Complete this Section only if you have been told the job qualifications/requirements):

I meet all required educational, experience and certification/license qualifications of the job. Yes ___ No ___.

If "No" what qualifications do you lack? _____.

I have reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation? Yes ___ No ___.

I will work overtime (over 40 hrs/week) if required. Yes ___ No ___.

I will accept out-of-town assignments if required. Yes ___ No ___.

III. Employment History

(List chronologically every employer during the past 10 years beginning with most current. Add sheet, if needed.)

Date (MO/YR) (From -- To)	Name/Address/Phone of Employer	Last Position	Reason for Leaving

Explain any gaps in your work history that are longer than six months. _____.

Have you ever been fired from a job or quit under threat of being fired? Yes ___ No ___. If Yes, when? _____.

Who was the employer? _____. What reason did the employer give you for your dismissal or forced resignation? _____.

Please describe any problems in your current job about which you have been warned or disciplined during the past 12 months: _____.

Who should we contact to confirm current employment data? _____

Name / Title / Telephone #

Can we talk to your current employer now, or only if you are hired? Now _____ Only if hired _____

Have you ever been employed by the Employer before? Yes ___ No ___ . If "Yes" please state the positions held, period of employment and reason for leaving: _____

IV. Education

School	Name and Location	Graduated? Y/N	Major Subjects
High School			
College			
Technical or Graduate School			

What special training or skills do you have for this job position? _____

V. Criminal Record

Have you been convicted (includes guilty or no contest plea) of a crime or by court martial? (Do not include crimes for which public records are sealed or have been expunged) Yes ___ No ___ . If "Yes," identify nature of the offense, county and state where convicted, date of conviction, and sentence or fine imposed.

If you are presently charged with committing a criminal offense, identify nature of offense, county and state where charges are pending, and status of the charges: _____

VI. Illegal Drugs. Within the past 60 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances that were not taken as prescribed to you by a physician? Yes ___ No ___

VII. Personal References (not relatives)

Name	Address/Phone	Relationship/ Years Acquainted

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I authorize Employer to contact my references, investigate my employment history, education, criminal record, and if applicable, driving record. I agree to assist Employer in obtaining background information on me by signing this authorization and any release forms necessary to obtain such information. I understand that **all employment with Employer is at-will**, meaning that employment with Employer may be terminated, with or without cause, and with or without notice, at any time, at the option of either Employer or the employee. I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer's right to terminate employment at will. I understand that Employer reserves the right to change its personnel policies and employee benefits at any time without approval by employees, and that such changes are accepted by continuing to accept employment with Employer.

Applicant's Signature

Date