

# MIDWAY CITY SANITARY DISTRICT

## EMPLOYMENT APPLICATION

### AN EQUAL OPPORTUNITY EMPLOYER

The District does not discriminate in employment on the basis of race, color, religion, national origin, ancestry, age, sex (including pregnancy), physical or mental disability, marital status, military status, unfavorable discharge from military service, protective order status, sexual orientation, citizenship status, arrest record, expunged or sealed convictions, or any other basis protected by applicable state or federal laws.

**NOTE: THE DISTRICT USES THE FEDERAL E-VERIFY SYSTEM**

| <b>PLEASE PRINT</b>   |                  |                         |   |
|---|------------------|-------------------------|---|
| <i>Date</i>   | <i>Last Name</i> | <i>First Name</i>       | <i>Middle</i>                                     |
| <i>Present Street Address</i>   |                  | <i>City</i>             | <i>State</i> <i>Zip</i>                           |
| <i>Permanent Street Address<br/>(if different from present address)</i> |                  | <i>City</i>             | <i>State</i> <i>Zip</i>                           |
| ( )   | ( )              | <i>Email (optional)</i> | <i>Driver's License (if job involves driving)</i> |

| <b>EMPLOYMENT DESIRED</b> |   |
|---------------------------|---|
| Position applying for:    | _____   |
| Date available for work:  | _____   |
| Applying for:             | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |

| <b>PERSONAL INFORMATION</b>  |  |
|--|--|
| Have you ever applied to or worked for the District before?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, when? _____  |  |
| How were you referred to the District? _____   |  |
| Do you have a commercial driver's license? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is your medical card up to date?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do you have an air break endorsement? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any friends or relatives working for the District? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, state name(s) and relationship: _____  |  |
| Name _____   | Relationship _____                                       |
| Name _____   | Relationship _____                                       |
| Why are you applying for work at the District? _____   |  |
| If hired, would you have a reliable means of transportation to and from work?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in this country?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g. H-1B visa)? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any restrictions or obligations which would prevent you from working overtime?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any reasons that may affect your ability to work consistently, or could cause absenteeism, lateness, or early departure from the job during your employment? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?.....  Yes  No

If no, describe the functions that cannot be performed. \_\_\_\_\_

*(Note: We comply with the Americans With Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Please inform the District's personnel representative if you need assistance in completing any application-related documents, or in otherwise participating in the application process. Employment may be subject to passing a medical examination, and to skill and agility tests.)*

During the past seven years, have you ever been discharged, suspended, or asked to resign from any position?  Yes  No

If yes, please explain. \_\_\_\_\_

To assist us in verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?  Yes  No

If yes, specify name and school/employer: \_\_\_\_\_

Have you ever been a defendant in a civil action for an intentional tort? If yes, please include the nature of the intentional tort and the disposition of the action: \_\_\_\_\_

**EDUCATION, TRAINING AND EXPERIENCE**

| School                                      | School Name and Address | No. of years Completed | Did you Graduate?  | Degree or Diploma |
|---|-------------------------|------------------------|--|-------------------|
| <b>High School (or G.E.D. equivalent)</b>   | Name _____              | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____             |
|   | Address _____           |                        |  |                   |
|   | City _____              | State _____            | Zip _____  |                   |
| <b>College/ University</b>                  | Name _____              | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____             |
|   | Address _____           |                        |  |                   |
|   | City _____              | State _____            | Zip _____  |                   |
| <b>Vocational/ Business or Trade School</b> | Name _____              | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____             |
|   | Address _____           |                        |  |                   |
|   | City _____              | State _____            | Zip _____  |                   |
| <b>Other (including military training)</b>  | Name _____              | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____             |
|   | Address _____           |                        |  |                   |
|   | City _____              | State _____            | Zip _____  |                   |

**EMPLOYMENT HISTORY** (Note: Attach additional page(s) if necessary)

List below all present and past employment starting with your most recent employer, including U.S. Military Service (last seven years is sufficient). Account for all periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. You must complete this section even if attaching a resume.

|                             |                        |
|-----------------------------|------------------------|
| ( )                         |                        |
| Name of Employer            | Telephone No.          |
| Type of Business            | Your Supervisor's Name |
| Address & Street            | City State Zip         |
| <b>Dates of Employment:</b> | Reason for Leaving     |
| From To                     |                        |

Your Position and Duties  
 May we contact this employer for a reference? .....  Yes  No

|                             |                        |
|-----------------------------|------------------------|
| ( )                         |                        |
| Name of Employer            | Telephone No.          |
| Type of Business            | Your Supervisor's Name |
| Address & Street            | City State Zip         |
| <b>Dates of Employment:</b> | Reason for Leaving     |
| From To                     |                        |

Your Position and Duties  
 May we contact this employer for a reference? .....  Yes  No

|                             |                        |
|-----------------------------|------------------------|
| ( )                         |                        |
| Name of Employer            | Telephone No.          |
| Type of Business            | Your Supervisor's Name |
| Address & Street            | City State Zip         |
| <b>Dates of Employment:</b> | Reason for Leaving     |
| From To                     |                        |

Your Position and Duties  
 May we contact this employer for a reference? .....  Yes  No

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

|                  |                         |               |
|------------------|-------------------------|---------------|
| 1. ( )           |                         |               |
| First Name       | Last Name               | Telephone No. |
| Address & Street | City                    | State Zip     |
| Occupation       | No. of Years Acquainted |               |
| 2. ( )           |                         |               |
| First Name       | Last Name               | Telephone No. |
| Address & Street | City                    | State Zip     |
| Occupation       | No. of Years Acquainted |               |

**REFERENCES** (Continued)

|                  |                         |               |           |
|------------------|-------------------------|---------------|-----------|
| 3. _____         |                         | _____ ( )     |           |
| First Name       | Last Name               | Telephone No. |           |
| Address & Street |                         | City          | State Zip |
| Occupation       | No. of Years Acquainted |               |           |

**Please Read Carefully, Initial Each Paragraph, and Sign Below**

- \_\_\_\_\_ Initials I hereby certify that I have not knowingly withheld any information requested by this application that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document 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.
- \_\_\_\_\_ Initials I hereby authorize the District to conduct a thorough investigation of my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- \_\_\_\_\_ Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to or does create an employment contract between the District and me.
- \_\_\_\_\_ Initials I understand that the District, when considering my application for employment, when making a decision whether to offer me employment, when deciding whether to continue my employment (if I am hired), and when making other employment-related decisions directly affecting me, may wish to obtain and use a “consumer report” or “investigative consumer report” from a “consumer reporting agency.” A notice and authorization to obtain such a report, together with a definition of terms and a description of my rights in connection with such reports is being provided to me as a separate document for my signature, if the position I am seeking or which I hold is one to which such a report would apply.
- \_\_\_\_\_ Initials If hired, I will be required, as a condition of employment, to submit proof of my eligibility to work in the United States.
- \_\_\_\_\_ Initials I understand that, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and I must receive a negative result for illegal drug use before being accepted for employment by the District.
- \_\_\_\_\_ Initials I hereby certify that, if employed, my employment with the District will not violate any non-solicitation, non-competition, or other similar covenant or agreement I have with any of my prior employers.
- \_\_\_\_\_ Initials I hereby certify that, if employed, I will immediately report to my supervisor, the Human Resources Manager, or another member of management, if I am ever harassed by anyone in the Company or by a vendor or customer, or if I ever become aware of any unethical behavior by any employee.

Date

Applicant’s Signature