

**CLARK REGIONAL WASTEWATER DISTRICT
APPLICATION FOR EMPLOYMENT**



We are an equal opportunity employer and do not unlawfully discriminate on the basis of race, creed, color, religion, sex, national origin, marital status, veteran status, age, disability or any other basis prohibited by law.

Date: _____ Position Desired: _____

PERSONAL INFORMATION

Name (First) (MI) (Last) Mobile Phone #

Home Address (Street) (City) (State) (Zip) Home Phone #

Mailing Address (Street/PO Box) (City) (State) (Zip) Business Phone #

Social Security Number

Are you prevented from becoming employed in the United States because of visa or immigration status?

Yes No

Are you over the age of 18? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain

(Note: conviction will not automatically disqualify job candidates. The seriousness of the crime and date of conviction will be considered)

Who referred you to us? Employee
Web site:

Paper Ad:
Other:

Have you ever applied for employment here before? Yes No When?

Have you ever been employed here? Yes No When?

Are you employed now? Yes No If so, may we contact your current employer? Yes No

Are you currently on layoff or leave from another company? Yes No

Are you available for full time work? Yes No Are you available for part time work? Yes No

LIST APPLICABLE SKILLS

EDUCATION (Include high school and all post-secondary education)

School	Address	Main Course of Study	# of Years Attended	Degree
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List any work related classes, training courses and/or seminars

Are you planning to pursue other studies? Yes No Day or Night

If so, where and what course of study?

EMPLOYMENT HISTORY

(List employment for the past 10 years, starting with present job. Include military experience.)

Company Name	Supervisor	From:	To:
		Dates Employed	
Street Address	Telephone		
City	State	Zip	
Job Title	Salary		
Specific Duties			
Reason for Leaving			

Company Name	Supervisor	From:	To:
		Dates Employed	
Street Address	Telephone		
City	State	Zip	
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Company Name	Supervisor	From:	To:
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Street Address	Telephone		
City	State	Zip	
Job Title	Salary		
Specific Duties			
Reason for Leaving			

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET

REFERENCES

List two people whom YOU ARE NOT RELATED TO who have known you for at least one year.

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Years Acquainted</u>	<u>Phone Number</u>
1.				
2.				

POSITION REQUIREMENTS

Are you able to perform all of the essential job duties for the position you are applying for with or without accommodation? Yes without Yes with No If yes with, please explain

CERTIFICATION

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

I understand that I may be required to participate in testing for the skills associated with the position for which I am applying.

In compliance with the Immigration Reform and Control Act of 1986, I further understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first date of employment. I am in receipt of a list of approved documents, which has been supplied with this application.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

By typing my name in the following box, I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably, and I hereby acknowledge that I have read and understand the above statements.

Signature _____

Date: _____

(If submitting electronically, signature will be obtained at time of interview)

IMMIGRATION REFORM & CONTROL ACT REQUIREMENT

In compliance with the Immigration Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States, prior to beginning work here at the District. **Please be prepared to provide any of the following documentation in the event you are offered and accept a position with us:**

Any one of the following (these establish both identity and employment authorization):

1. U.S. passport
2. Certificate of U.S. Citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Unexpired foreign passport with unexpired endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information which evidences employment authorization

OR one from List A and one from List B:

These establish employment authorization:

1. Social Security Card (unless it specifies that it doesn't authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or in a state which does not issue an I.D. card (other than a driver's license)

THIS VERIFICATION PROCESS IS A REQUIREMENT FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986