



Application for Employment

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

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement
 Relative
 Inquiry
 Employment Agency
 Friend
 Other _____

Last Name	First Name	Middle Name
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Address	City	State	Zip code	Email Address
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Telephone Number(s)	Home	Cell
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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 _____

Do any of your relatives work for HCWD1? (Include relatives by marriage)..... Yes No
 If Yes, who? _____

Are you currently employed?..... Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment..... Yes No

Date Available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time Please indicate a shift by circling: 1 2 3
 Part-Time Please indicate by circling: Mornings Afternoons Evenings
 Temporary Please indicate dates available: ____/____/____ - ____/____/____

Have you been convicted of a felony within the last five years?..... Yes No
A criminal record does not constitute an automatic bar to employment and will only be considered only as it relates to the job in question.

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

If selected for employment, are you willing to submit to a pre-employment background check? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



Employment Experience

Start with your present or last job. Include any job-related military service and volunteer assignments. You may exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:



Education

School Name	Location	Did you graduate?	Degree Received	Major
High School				
College				
Graduate School				
Other				

Other Training, Certifications or Licenses held: _____

Specialized Skills (Check Skills/Program Knowledge)

<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Corel	Production/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> MS Office	<input type="checkbox"/> Binding Machine	_____	_____
<input type="checkbox"/> Typing WPM _____	<input type="checkbox"/> Shorthand WPM _____	_____	_____

State any information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Professional References (preferably Supervisors or Co-Workers)

Name	Phone Number
Address	
Name	Phone Number
Address	
Name	Phone Number
Address	



Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Hardin County Water District No. 1 is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Board of Commissioners of Hardin County Water District No. 1.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Hardin County Water District No. 1.

Signature of Applicant

Date

FOR DISTRICT USE ONLY

Arrange Interview: Yes No

Date/Time: ____/____/____ ____:____ AM PM

Interviewer(s): _____

Comments: _____

Employed Yes No Date of Employment: ____/____/____ Department: _____

Job Title: _____ Hourly Rate/Salary: _____ Supervisor: _____