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## CENTRAL DAVIS SEWER DISTRICT FULL TIME EMPLOYMENT APPLICATION

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

PLEASE PRINT OR TYPE

Position Applied For:	Date of Application:
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First Name:	Middle:	Last Name:
Address:	City:	State & Zip:
Cell Phone:	Email:	

Expected Wage/ Salary	\$
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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	Yes	No
Do you have any friends or relatives working for the District?	Yes	No
Have you ever filed an application with us before? <i>If yes, give date.</i>	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Have you ever been terminated by a previous employer(s)?	Yes	No
Are you currently on "lay-off" status and subject to recall?	Yes	No
Do you want to work elsewhere or attend school while working here?	Yes	No
Do you have any continuing military obligations, such as Guard or Reserves, which may affect your work schedule?	Yes	No

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

\_\_\_\_\_

How much advance notice do you wish to give your present employer?	
On what date would you be available for work?	

Have you ever been convicted of a felony?	Yes	No
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If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

PERSONAL HEALTH: If offered a position with Central Davis Sewer District, your employment may be conditional upon the results of a medical examination, drug tests and/or job-related physical ability tests.

### **EMPLOYMENT EXPERIENCE**

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

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## EDUCATION

	Name/City/State	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate University				
Graduate Degree				
Other Specify				

## ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held.  
Exclude membership which would reveal gender, race, religion, national origin, age,  
ancestry, disability or other protected status.

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## OTHER QUALIFICATIONS

Summarize special job-related skills, specialized training and qualifications acquired from employment or other experience.

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## SUPPLEMENTARY INFORMATION

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

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## REFERENCES

Name:	Phone:
Address:	
Name:	Phone:
Address:	

## APPLICANT'S CONSENT TO RELEASE INFORMATION

(From a Previous Employer or Entity)

I, \_\_\_\_\_, authorize Central Davis Sewer District to contact any or all of my former employers or any or all of the references I have supplied to the District, for the purpose of verifying any of the information I have supplied to them, and/or for the purpose of obtaining any information whatever, whether favorable or unfavorable, about me or my employment with any former employer.

Additionally, Central Davis Sewer District may contact the Department of Motor Vehicles to obtain a copy of my driving record.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICANT'S CONSENT TO DRUG TESTING

I, \_\_\_\_\_, understand Central Davis Sewer District requires drug testing as a part of its selection and hiring process. I also understand that such drug testing will consist of taking of urine or any other medically recognized test designed to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of drugs in my body in any detectable amount, I may be disqualified from further hiring consideration. I hereby give my consent to Central Davis Sewer District to administer any or all of the above drug testing procedures to me and to use the results thereof in further determining my employability with the District. I understand that this is not a contract for employment and that even if employed, I will remain terminable at will and free to resign at any time I wish.

I represent that I am currently not using illegal drugs or taking drugs illegally. I hereby certify that this information is correct, to the best of my knowledge, and understand that falsification or omission in any detail, on this application, is grounds for dismissal from employment at the time the District discovers the omission or falsification.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_