



KISHWAUKEE WATER RECLAMATION DISTRICT

Application for Employment

Please print

NOTICE TO APPLICANTS AND EMPLOYEES:
Screening tests for illegal drug use may be required before hiring and during your employment here.

Equal access to programs, services, and employment opportunities is available to all persons without regard to age, ancestry, citizenship status, color, physical or mental disability, genetic information, marital status, military status, national origin, race, religion, sex (including pregnancy), sexual orientation, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include: making a change to the application process, providing written materials in an alternate format (such as braille, large print, or audio recording), using a sign language interpreter, using specialized equipment, or modifying testing conditions.

Name _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () _____ Cellular/Other # () _____ Email _____

Position(s) applied for _____ Date of application _____

Referral Source (walk-in, job posting, etc.) _____

If necessary, the best time to call you is: _____ AM
PM

May we contact you at work? _____ ☐ Yes ☐ No

If yes, work number and best time to call: _____ AM
PM

Have you submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give date(s): From: ____/____/____ To: _____

Is this application a request for reemployment following an extended military leave of absence from this company? _____ ☐ Yes ☐ No

If yes, additional info may be requested.

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

Date available for work _____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time
☐ Seasonal ☐ Temporary

Will you relocate if job requires it? _____ ☐ Yes ☐ No

Will you travel if job requires it? _____ ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime if required? _____ ☐ Yes ☐ No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Driver's License number required if driving may be required in the job for which you are applying: _____

State _____

Please list if you have a CDL (Commercial Drivers License) and type: _____

Please list any CDL endorsements you have: _____

Have you ever been bonded? _____ ☐ Yes ☐ No

Have you entered into an agreement with any former employee or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for the District? ☐ Yes ☐ No

If yes, please explain: _____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer		Telephone # ()	Dates employed: Month / Year To Month / Year	
Street Address		City	State	Compensation (Starting)
Starting job title/final job title				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Commission/Bonus/Other Compensation \$
Why did you leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)
		Email:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

Employer		Telephone # ()	Dates employed: Month / Year To Month / Year	
Street Address		City	State	Compensation (Starting)
Starting job title/final job title				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Commission/Bonus/Other Compensation \$
Why did you leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)
		Email:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

Employer		Telephone # ()	Dates employed: Month / Year To Month / Year	
Street Address		City	State	Compensation (Starting)
Starting job title/final job title				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Commission/Bonus/Other Compensation \$
Why did you leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)
		Email:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

Employer		Telephone # ()	Dates employed: Month / Year To Month / Year	
Street Address		City	State	Compensation (Starting)
Starting job title/final job title				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Commission/Bonus/Other Compensation \$
Why did you leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)
		Email:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

EMPLOYMENT HISTORY (CONTINUED)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability:

If not addressed on previous page, have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain:

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, languages, licenses, and/or certifications that may assist you in performing the position for which you are applying:

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information:

School (include City and State)	# of Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		

REFERENCES

List names and information of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Email	# of Years Known
			()		
			()		
			()		

RELATED INFORMATION

When answering these questions, please exclude any information that would reveal age, ancestry, citizenship status, color, physical or mental disability, genetic information, marital status, national origin, race, religion, sex (including pregnancy), sexual orientation, or other similarly protected status.

Explain any gaps in your employment, other than those due to personal illness, injury, or disability:

List special accomplishments, publications, awards, etc.

List any relevant volunteer work:

Is there any other job-related information you want us to know about you?

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis provided by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her age, ancestry, citizenship status, color, physical or mental disability, genetic information, marital status, military status, national origin, race, religion, sex (including pregnancy), sexual orientation, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____