



EMPLOYMENT APPLICATION

Carmel Area Wastewater District (CAWD) is an Equal Opportunity Employer - State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender), religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

GENERAL INFORMATION *Please print clearly OR type. Use additional pages as necessary.*

1. **Name:** _____
Last First Middle

2. **Address:** _____
Street City State Zip

3. **Telephone Number:** () - _____ 4. **Email Address** _____

5. **Are you at least 18 years old?** Yes No

If employed & under the age of 18, can you furnish a work permit? Yes No

6. **Have you applied to CAWD for employment in the past?** Yes No

If yes, when? _____ **Position applied for:** _____

7. **Are you currently employed by CAWD?** Yes No

8. **Have you ever been employed by CAWD?** Yes No

If yes, when? _____ **Position:** _____

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

9. **Do you have any relatives currently employed by CAWD?** Yes No

If yes, who? _____ What relation to you? _____

10. **Have you ever used another name that we would need to know in order to verify your employment experience and education?**

Yes No If yes, indicate such name and the date the name changed:

LAST NAME: _____

11. **Are you currently employed?**

If yes, may we contact your current employer at anytime?

Yes No
 Yes No

You may contact my current employer, but only when: _____

POSITION

1. **Position for which you are applying:** _____

2. **Salary/wage desired:** _____ per _____

3. **Are you available to work?**

Full-Time Part-Time Temporary
 Evenings Weekends Overtime On Call
 Other: _____

4. **When would you be available to start working?** _____

5. **How did you hear about the availability of the position for which you are applying?**

Newspaper Advertisement Employment Agency Current Employee
 Friend Relative Walk-In Other: _____

6. **If the position you are applying for requires the use of a vehicle, do you have a valid driver's license?** Yes No

License #: _____ Class: _____ State: _____ Expiration Date: _____

7. **Have you been given a Job Description, or have the job requirements been explained to you?** Yes No

Do you understand these requirements? Yes No

8. **Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?** Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

LAST NAME: _____

SPECIAL SKILLS AND TRAINING

Describe specialized training, apprenticeships, skills or research:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification:

Issuing State:

License/certification number:

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date

Please Check Software and List Programs
(i.e., Word, Excel, etc.)

- 4.
- | | |
|--|--|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Database | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> basic <input type="checkbox"/> adv. |
| <input type="checkbox"/> Other | <input type="checkbox"/> basic <input type="checkbox"/> adv. |

5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAST NAME: _____

EMPLOYMENT HISTORY

Directions: Please begin with your present or most recent job and include the last ten years of employment history. Account for all periods of time, including military experience, periods of unemployment and the nature of your activities. Correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL— (RESUMES ARE NOT ACCEPTED IN LIEU OF REQUESTED INFORMATION.)

1.	Employer	Dates Employed Mo/Yr		Description of Duties
		From	To	
	Address, City, State			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

May we contact this employer for a reference? Yes No

2.	Employer	Dates Employed Mo/Yr		Description of Duties
		From	To	
	Address, City, State			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

May we contact this employer for a reference? Yes No

3.	Employer	Dates Employed Mo/Yr		Description of Duties
		From	To	
	Address, City, State			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

May we contact this employer for a reference? Yes No

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title

6.	Employer	Dates Employed from _____ to _____	Address	Job Title
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May we contact this employer for a reference? Yes No

If you need additional space, please continue your response on a separate page

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		MAJOR
High School		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade School		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	

To assist us in the record checking process and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application:

Yes No

If yes, please specify the name you were employed or enrolled under:

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at the Carmel Area Wastewater District?

Yes No

If so, please explain:

EMPLOYMENT REFERENCES

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

Name	Business Relationship	Organization/Address	Telephone

LAST NAME: _____

CERTIFICATION

Through my signature below, I certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of CAWD regardless of the time that as elapsed before discovery. I authorize CAWD or its designated agents to contact my references and to investigate my past employment, credit history (*if applicable*), education credentials, Department of Motor Vehicles driving record, and other employment-related activities. I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. I understand that filing this application in no way assures me a position with CAWD, and that this application is not, and is not intended to be, a contract of employment. I further understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of Applicant

Date

Name Printed



LAST NAME: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information 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 Carmel Area Wastewater District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company 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 Company, 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 create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Applicant's Signature

LAST NAME: _____

Optional

The information requested below is necessary for the specific position for which you are applying. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

(Misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed or ordered sealed pursuant to law need not be listed)

Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

Date _____

Applicant's Signature _____

