

SAUGET SANITARY DEVELOPMENT & RESEARCH ASSOCIATION

- AN EQUAL OPPORTUNITY EMPLOYER
- ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS

DATE

PERSONAL INFORMATION

NAME (first) (middle) (last)	SOCIAL SECURITY NUMBER	HOME PHONE
ADDRESS (street) (city) (state) (zip)		CELL PHONE
Are you legally authorized to work in the U.S.? <input type="radio"/> yes <input type="radio"/> no	Have you applied for employment here before? <input type="radio"/> yes <input type="radio"/> no (If yes, when?) _____	
Referral source (i.e., current employee, newspaper, website, etc.):	Email address:	

EDUCATION

NAME AND ADDRESS OF SCHOOL	Course of study/ Degree obtained	Years completed	Grade Point Average	Did you graduate?
HIGH SCHOOL				<input type="radio"/> yes <input type="radio"/> no
CITY STATE PHONE				
COLLEGE				<input type="radio"/> yes <input type="radio"/> no
CITY STATE PHONE				
OTHER				<input type="radio"/> yes <input type="radio"/> no
CITY STATE PHONE				
OTHER				<input type="radio"/> yes <input type="radio"/> no
CITY STATE PHONE				

TECHNICAL COURSES TAKEN IN TRADE/COLLEGE	Grade Pt. Avg.
CHEMISTRY -	
MATHEMATICS -	
ENGINEERING -	
OTHER RELEVANT COURSES -	

EMPLOYMENT INFORMATION

POSITION FOR WHICH YOU ARE APPLYING	SALARY EXPECTED	DATE AVAILABLE
Some positions require the ability to maintain a valid driver's license. Do you have a valid driver's license? <input type="radio"/> yes <input type="radio"/> no		
TYPE OF EMPLOYMENT DESIRED <input type="radio"/> full time <input type="radio"/> part time <input type="radio"/> seasonal If seasonal, from ___/___/___ to ___/___/___		
OPERATIONS APPLICANTS: Do you object to rotating shift work? <input type="radio"/> yes <input type="radio"/> no	DAYS & HOURS AVAILABLE FOR WORK: S M Tu W Th F Sa	
Are you available for overtime as needed? <input type="radio"/> yes <input type="radio"/> no	FROM (hr & am/pm)	TO (hr & am/pm)

OFFICE SKILLS

COMPUTER <input type="radio"/> yes <input type="radio"/> no	
BUSINESS MACHINES AND/OR SOFTWARE USED:	

EMPLOYMENT HISTORY

List below, beginning with your most recent, present and past employment.

NAME, ADDRESS & PHONE	POSITION TITLE	DATES EMPLOYED	SALARY		REASON FOR LEAVING
			BEGIN	END	
		From	/		
		Mo/Yr	Supervisor & phone number		
		To			
		Mo/Yr			
		From	/		
		Mo/Yr	Supervisor & phone number		
		To			
		Mo/Yr			
		From	/		
		Mo/Yr	Supervisor & phone number		
		To			
		Mo/Yr			
		From	/		
		Mo/Yr	Supervisor & phone number		
		To			
		Mo/Yr			

ADDITIONAL INFORMATION

Other relevant information (special training, certifications, gaps in employment)

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MILITARY SERVICE

BRANCH OF SERVICE & LAST RANK	DATES OF SERVICE		Describe any military experience relevant to position applied for:
	From (mo/yr)	To (mo/yr)	

THREE PROFESSIONAL REFERENCES - Prior employment and school references preferred.

NAME	ADDRESS & PHONE NO.	OCCUPATION

PLEASE READ CAREFULLY BEFORE SIGNING:

1. I certify that the information on this form is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for refusal of employment or dismissal.
2. I authorize and request that all of my present and former employers/educational institutions and those individuals I have listed as references furnish information about my employment and educational record, including a statement of the reason for the termination of my employment, work performance, abilities, salary, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
3. An offer of employment is contingent upon completion of a satisfactory physical examination and drug screen, signing an employment agreement, if required, and abiding by the rules and regulations of the SAUGET SANITARY DEVELOPMENT & RESEARCH ASSOCIATION (dba AMERICAN BOTTOMS REGIONAL WASTEWATER TREATMENT PLANT and SAUGET PHYSICAL CHEMICAL PLANT).
4. I hereby consent to have the results of any post-offer medical exam I may be required to take disclosed to the company.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the Executive Director, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the individual designated above.
6. I understand that my signing the Company's Code of Ethics is a condition of employment.

SIGNATURE	DATE
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