

APPLICATION FOR EMPLOYMENT

Lower Big Blue Natural Resources District
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other characteristic protected by law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application.

PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary

When could you start work? _____

Last Name	First Name	Middle Name	Telephone Number
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Street Address	City	State	Zip Code
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Are you 18 years of age or older? (If you are hired, you may be required to provide authorization to work.)

Yes

No

If hired, can you furnish proof you are eligible to work in the U.S.?

Yes

No

Have you ever applied here before? If yes, when? _____

Yes

No

Were you ever employed here? If yes, when? _____

Yes

No

Are you now or do you expect to be engaged in any other business or employment?

Yes

No

If yes, please explain _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma / Degree Certificate
High School or GED: _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____ _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the position for which you are applying?

Have you completed any special courses and/or seminars directly related to the position for which you are applying? If yes, please describe.

List any professional, trade, business or civic activities and offices held that deal with the position for which you are applying. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

Name of Employer	Supervisor
Address	Employed From
City, State, Zip Code	(mo/yr) ____/____ to To (mo/yr) ____/____
Telephone	Reason for Leaving
Title	
Duties	
Name of Employer	Supervisor
Address	Employed From
City, State, Zip Code	(mo/yr) ____/____ to To (mo/yr) ____/____
Telephone	Reason for Leaving
Title	
Duties	
Name of Employer	Supervisor
Address	Employed From
City, State, Zip Code	(mo/yr) ____/____ to To (mo/yr) ____/____
Telephone	Reason for Leaving
Title	
Duties	
Name of Employer	Supervisor
Address	Employed From
City, State, Zip Code	(mo/yr) ____/____ to To (mo/yr) ____/____
Telephone	Reason for Leaving
Title	
Duties	

REFERENCES

Are you presently employed?	<input type="checkbox"/> Yes	
If yes, may we contact your employer? _____	<input type="checkbox"/> No	
Have you ever been fired from a job or asked to resign?	<input type="checkbox"/> Yes	
If yes, please explain: _____	<input type="checkbox"/> No	
Please list three references.		
Name	Address	Phone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain complete disclosure of the nature and scope of the investigation.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.