



Application for Employment

Name: _____ Date: _____
Last First Middle Initial

Current Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Other Contact (email/alternate number): _____ Last four digits of SS #: _____

Position Applying For: _____ ☐ Full Time ☐ Part Time ☐ Seasonal

Have you ever been employed by the District ☐ Yes ☐ No If yes, when and in what position?

Are you over the age of 18? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Do you possess a valid Ohio Driver's License? ☐ Yes ☐ No Driver's License Number: _____

CDL Class, if applicable: _____

Military service record

Were you in the Armed Forces? ☐ Yes ☐ No Dates of Duty? _____

Rank: _____ Presently in Reserves or National Guard? ☐ Yes ☐ No

Are you requesting bonus credit for military service (if applicable)? ☐ Yes ☐ No

Certifications, licenses and other

Please describe any certifications and/or licenses that you currently hold that you feel are relevant to the position you are applying for as well as any relevant special skills or training that you have received: _____

Work experience

Please give your employment history below, beginning with the most recent employment and working back. You may attach additional sheets if needed.

1. Employer Name and Address	Immediate Supervisor and Telephone Number
Title or Position:	Specific skills/credentials required:
Reason for leaving:	Description of duties and responsibilities:
Dates of employment: From:	To:
2. Employer Name and Address	Immediate Supervisor and Telephone Number
Title or Position:	Specific skills/credentials required:
Reason for leaving:	Description of duties and responsibilities:
Dates of employments: From:	To:
3. Employer and Address	Immediate Supervisor and Telephone Number
Title or Position:	Specific skills/credentials required:
Reason for leaving:	Description of duties and responsibilities:
Dates of employment: From:	To:

May we contact the employers listed above? ☐ Yes ☐ No

If not, indicate which one(s) you do not wish for us to contact. _____

Education

School	Name, City and State of School	Course of Study	Years Completed	Did you Graduate	List Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other: _____

References

Name	Address	Telephone	Business	Years Known
1.				
2.				
3.				

Applicant's Statement

Twin City Water & Sewer District is an Equal Opportunity Employer, and as such, the District does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law. It is our intention and our practice that all qualified applicants are given equal employment opportunity, and that all employment-related decisions, including but not limited to hiring, are based on job related factors.

In consideration of my employment, I agree to conform to the District's rules and regulations. I understand that any employment by Twin City Water & Sewer District shall be conditional upon satisfactory completion of any pre-employment screening that is required by the District.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I have carefully read the foregoing application and understand its contents.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Rate _____ Department _____

By _____ Date _____
Name and Title

NOTES _____

