



Application for Employment

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	City	State
	Zip code	Email Address
Telephone Number(s)	Home	Cell

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your relatives work for HCWD1? (Include Relatives by marriage) Yes No
 If Yes, who? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you eligible to work in the United States? Yes No
If offered employment, you will be required to provide documentation to verify eligibility

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full-Time Please indicate a shift by circling: 1 2 3

Part-Time Please indicate by circling: Mornings Afternoons Evenings

Temporary Please indicate dates available: ____ / ____ / ____ - ____ / ____ / ____

If selected for employment, are you willing to submit to a pre-employment background check? Yes No

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience



Start with your present or last job. Include any job-related military service and volunteer assignments. You may exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and offices held.
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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Education



School Name	Location	Degree Received	Major
High School			
College			
Graduate School			
Other			

Other Training, Certification or Licenses held: _____

Specialized Skills (Check Skills/Program Knowledge)

<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Corel	Production / Mobile Machinery (List)	Other (List)
<input type="checkbox"/> MS Office	<input type="checkbox"/> Binding Machine	_____	_____
<input type="checkbox"/> Typing	<input type="checkbox"/> Shorthand	_____	_____
WPM ____	WPM ____	_____	_____

State any information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given? Yes No

Professional References (preferably Supervisors or Co-Workers)

Name	Phone Number
Address	
Name	Phone Number
Address	
Name	Phone Number
Address	

Applicant's Statement



I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with

Hardin County Water District No. 1 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 the Board of Commissioners of Hardin County Water District No. 1.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Hardin County Water District No. 1.

Signature of Applicant

Date

FOR DISTRICT USE ONLY

Arrange Interview: Yes No

Date / Time: ____ / ____ / ____ : ____ AM PM

Interviewers:

Comments:

Employed: Yes No Date of Employment: ____ / ____ / ____ Department: _____

Job Title: _____ Hourly Rate / Salary: _____ Supervisor: _____