



# Rockwood Water

People's Utility District

## EMPLOYMENT APPLICATION

|                     |                     |                   |                     |
|---------------------|---------------------|-------------------|---------------------|
| Last Name           | First Name          | Initial           | Date of Application |
| Street Address      | City                | Zip               | Date Available      |
| Residence Telephone | Alternate Telephone | Expected Pay Rate |                     |

**IMPORTANT:** Any applicant providing unrequested information on this application, or on any attachments or supporting documents will automatically be disqualified from consideration.

**IMPORTANT:** Applicants with disabilities may request any reasonable accommodation necessary to complete this application or to take any test required for the position for which the applicant has applied, by making a request at the time of application or testing.

**EQUAL EMPLOYMENT OPPORTUNITY.** It is our Policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, sexual orientation, source of income, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

|   |   |
|---|---|
| Have you ever worked for us before?<br>___ Yes ___ No | Are you 18 years of age or older?<br>___ Yes ___ No |
| Position (s) Applied For:<br>1. _____<br>2. _____     |   |

When are you available to work? (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.) – Check shifts and days you can work.

\_\_\_ Days \_\_\_ Swing \_\_\_ Graveyard \_\_\_ Rotating  
\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun

If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States?

\_\_\_ Yes \_\_\_ No

**RELATIVES/FRIENDS:** Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. Do you have any relatives/friends (such as roommates) who currently work for us?

\_\_\_ Yes \_\_\_ No

If yes, state name(s): \_\_\_\_\_

**QUALIFICATIONS:** Please list any education, training and/or specialized experience (such as schools; colleges; degrees; licenses; vocational, technical or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying:

|   |  |
|---|--|
| DEGREES, LICENSES, RELEVANT EDUCATION OR TRAINING | WHERE DID YOU ACQUIRE IT<br>(Name/address of school, program, military branch and specialty, etc.) |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |

**IN CASE OF EMERGENCY NOTIFY:** Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

EMPLOYMENT EXPERIENCE: Please account for all periods of employment *by month/year*, including any self-employment and U.S. military service. (Attach another sheet if more space is needed.)

|                                   |            |                      |                    |
|-----------------------------------|------------|----------------------|--------------------|
| Present or Last Employer    Phone |            | Hire Date            | Date Left          |
| Address                           | Supervisor | Job Title/Job Duties | Reason for Leaving |
| Present or Last Employer    Phone |            | Hire Date            | Date Left          |
| Address                           | Supervisor | Job Title/Job Duties | Reason for Leaving |
| Present or Last Employer    Phone |            | Hire Date            | Date Left          |
| Address                           | Supervisor | Job Title/Job Duties | Reason for Leaving |
| Present or Last Employer    Phone |            | Hire Date            | Date Left          |
| Address                           | Supervisor | Job Title/Job Duties | Reason for Leaving |

VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters, which the District deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, coworkers, etc.), employers, or other entities (schools, etc.) supplying it. I also release you from all liability, which might result from making the investigation.
2. I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. IMPORTANT: This means that with very few exceptions- for example, operations located in states where it may not be lawful – an employee will be required to submit to testing in several different circumstances. *Ask to see copies of our applicant and employee alcohol and drug policies if you have any questions.* I agree to such examinations, inquires and/or testing at the District’s expense. I authorize release of the results to the District and their use to evaluate my suitability for employment. I also release the District from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a collective bargaining agreement or a written employment contract. I also understand that only the Board of Directors will ever have the authority to agree to any other terms and/or to enter into such agreements or contracts, and that all such agreements (collective bargaining agreements or agreements for other terms of employment) or contracts must also be in writing and signed by both parties. I also understand that unless otherwise stated in a collective bargaining agreement or a written employment contract, the District may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
5. This application will only be considered active for sixty (60) days. I understand that if I have not been contacted by the District within the sixty (60) days and that if I still want to be considered for employment, I will need to reapply and complete a new employment application.
6. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.    \_\_\_ Yes    \_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_