

Have you ever applied here before? Yes No If yes, when? _____
 Were you ever employed here? Yes No If yes, when? _____

Please indicate source of referral to District:

- Contacted District on Own Newspaper Ad* State Employment Agency* Other*
 District Employee* Another District* Private Employment Agency*

*Enter name of Employee, Newspaper, District, Agency, or Other:

(Do not list or disclose sealed or expunged records of conviction or arrest.)

Have you ever been convicted of violating any law (except a minor traffic violation)? Yes No
 (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying are also considered.)

If yes, give details _____

Have you ever been discharged from a job or position for making threats, fighting, or any other incident involving violence? Yes No

If yes, give details:

Education

Education	Name and Location of School	Course of Study	Dates and Number of Years Completed	Received Degree? (Yes or No) Type of Degree/Certificate Received
High School				
Vocation or Technical				
Undergraduate College				
Graduate/ Professional				

What skills, training and/or certifications/licenses do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

Experience

List names of all current and past employers in consecutive order with present or last employer listed first. Account for all periods of time including military service, any work assignments, volunteer service, and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent on acceptable references from current and former employers. If additional room is needed, please attach additional sheets.

Name of employer

Address City State Zip Code

Supervisor (Both immediate and next higher) and their titles

Telephone

Job Title and Duties: _____

Dates of employment (Month/Year): From: ____/____ To: ____/____

Reason(s) for leaving:

Name of employer

Address

City

State

Zip Code

Supervisor (Both immediate and next higher) and their titles

Telephone

Job Title and Duties: _____

Dates of employment (Month/Year): From: ____/____ To: ____/____

Reason(s) for leaving:

Name of employer

Address

City

State

Zip Code

Supervisor (Both immediate and next higher) and their titles

Telephone

Job Title and Duties: _____

Dates of employment (Month/Year): From: ____/____ To: ____/____

Reason(s) for leaving:

Name of employer

Address

City, State, Zip Code

Supervisor (Both immediate and next higher) and their titles

Telephone

Job Title and Duties: _____

Dates of employment (Month/Year): From: ____/____ To: ____/____

Reason(s) for leaving:

Have you worked or attended school under any other name or identity? Yes No
If yes, give names and explain:

Are you presently employed? Yes No
If yes, may the District contact your present employer for reference purposes? Yes No

Have you ever been fired from a job or asked to resign? Yes No
If yes, please identify the employer and explain:

Give three references, not relatives or former employers:

Name	Address	Email & Phone
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Equal Opportunity Employer

Wheaton Sanitary District (“District”) does not discriminate on the basis of race, color, age, religion, sex/gender, sexual orientation, ancestry, national origin, military or veteran status, disability, or any other characteristic protected by applicable federal, state or local law. The District is an equal employment opportunity employer and all qualified applicants will be given an equal opportunity for possible selection and decisions are based on job-related factors. Any complaints of discrimination will be investigated promptly and thoroughly and in a confidential manner.

You may request a reasonable accommodation to facilitate the application process, including a reasonable accommodation to enable you to participate in the interview process. Applicants requesting a reasonable accommodation will be given the same considerations as other applicants.

This Application is a questionnaire regarding possible employment. It is not an offer of employment. The District in the District’s sole discretion will make a later decision as to whether or not the District wishes to make an offer of employment to you. If there is a later decision by the District to hire you, the District will notify you and any later employment is “at will” which means that employment can be terminated at any time with or without cause, reason or notice.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- I CERTIFY THAT ALL INFORMATION PROVIDED EMPLOYMENT APPLICATION AND ANY ATTACHED RESUMÉ AND/OR OTHER ATTACHED INFORMATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE MISLEADING INFORMATION OR MATERIAL OMISSION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN MY DISMISSAL IF DISCOVERED AT ANY LATER DATE. I UNDERSTAND THAT THE DISTRICT'S FAILURE TO ACT IMMEDIATELY DOES NOT WAIVE, BAR OR STOP IT FROM ACTING AT ANY FUTURE TIME.
- I AUTHORIZE THE INVESTIGATION OF ANY AND ALL INFORMATION WHICH I HAVE PROVIDED OR OMITTED IN THIS APPLICATION. I ALSO AUTHORIZE WHETHER LISTED OR NOT, ANY PERSON, COURT, SCHOOL, CURRENT EMPLOYER, PAST EMPLOYER OR ORGANIZATION TO PROVIDE RELEVANT INFORMATION AND OPINIONS THAT MAY BE USEFUL IN MAKING A POTENTIAL OR HIRING DECISION. I RELEASE SUCH PERSONS AND ORGANIZATIONS, AS WELL AS THE DISTRICT HEREIN FROM WHOM I AM SEEKING EMPLOYMENT THROUGH THIS APPLICATION AND ITS PARENT AND SUBSIDIARY OR AFFILIATE COMPANIES, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES AND ATTORNEYS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.
- I UNDERSTAND THAT THE DISTRICT MAY REQUEST AN INVESTIGATIVE CONSUMER REPORT FROM A CONSUMER CREDIT REPORTING AGENCY. THIS REPORT ALSO MAY INCLUDE INFORMATION AS TO MY CHARACTER, REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING OBTAINED FROM INTERVIEWS WITH NEIGHBORS, FRIENDS, FORMER EMPLOYERS, SCHOOLS AND OTHERS. 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 A COMPLETE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION.
- I UNDERSTAND I MAY BE REQUIRED TO SUCCESSFULLY PASS A POST-OFFER PHYSICAL AND DRUG SCREENING EXAMINATION.
- I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT, IF ANY, DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME IF EMPLOYED. I UNDERSTAND THAT ALL EMPLOYMENT IS AT THE WILL (WHICH MEANS THAT EITHER I OR THE DISTRICT MAY TERMINATE MY EMPLOYMENT, IF ANY, AT ANY TIME, WITH OR WITHOUT CAUSE, WITH OR WITHOUT REASON 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 period of ninety (90) days after its date. If you wish to be considered for employment after that time, you must reapply.