



Four Rivers
Sanitation Authority

APPLICATION FOR EMPLOYMENT

Four Rivers Sanitation Authority provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Date of Application: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

JOB DESIRED (vacant positions only, general applications not accepted) _____

If offered a job, how soon could you start? _____

Do you have any relatives working for Four Rivers? **Yes** **No**

If yes, state name & relationship: _____

EDUCATION AND TRAINING - List education, beginning with high school. Use the "comments" column to discuss major areas of study, special programs, etc.

| <u>School Name</u> | <u>City, State</u> | <u>Degree</u> | <u>Comments</u> |
|--------------------|--------------------|---------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Describe other training, such as seminars and apprenticeships:

Special licenses, certification, etc. _____

EMPLOYMENT HISTORY (Start with most recent. Include volunteer work or time unemployed)

| <u>Present Company Name</u> | <u>City and State</u> | <u>Contact Person (optional)</u> | <u>Phone (optional)</u> |
|-----------------------------|-----------------------|----------------------------------|-------------------------|
| Job _____ | Start (mo/yr) _____ | End (mo/yr) _____ | |

Description of Duties: _____

Reason for Leaving: _____

Company Name **City and State** **Contact Person (optional)** **Phone (optional)**

Job _____ **Start (mo/yr)** _____ **End (mo/yr)** _____

Description of Duties: _____

Reason for Leaving: _____

Company Name **City and State** **Contact Person (optional)** **Phone (optional)**

Job _____ **Start (mo/yr)** _____ **End (mo/yr)** _____

Description of Duties: _____

Reason for Leaving: _____

Certificates and Agreements:

With my signature, I certify that:

- * all of the information I have given on this form and on any attachments that I have provided is true and correct;
- * I understand and agree that any offer of employment I receive will be conditioned upon my successful completion of testing for illegal drugs. If such testing indicates that illegal drugs are present in my body, Four Rivers Sanitation Authority (Four Rivers) will not offer me the job for which I have applied, and I will be barred from making further applications for Four Rivers employment for a period of one year directly following the date on which testing indicated the presence of illegal drugs;
- * I have read and understood the attached Job Description and Supplement. I can perform all of the essential functions, use the necessary tools and equipment, and work under the conditions indicated on the attached Job Description and Supplement, either with or without a reasonable accommodation;
- * In conformity with Federal law, if Four Rivers offers me a position, I will submit proof that I am a U.S. citizen or that I have a visa which permits me to work in the U.S., no more than three working days after I start.
- * I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

By: _____ Date: _____

AUTHORIZATION TO SEEK AND OBTAIN REFERENCES REGARDING MY EMPLOYMENT

- * I hereby authorize Four Rivers to contact and seek references from my previous employer(s). [Insert your initials here if Four Rivers may likewise contact your current employer: _____] I hold:
- * Four Rivers, its trustees, officials, employees, agents, and their heirs
- * the employers I have authorized Four Rivers to contact, their officers, officials, employees, agents and their heirs harmless for any and all liability to which they might possibly be exposed because of discussion of my past employment or any information that is released regarding such employment, provided such information is true to the best of their knowledge at the time of Four River's inquiry.

By: _____ Date: _____