

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about the job opening? \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list other names by which you have been known \_\_\_\_\_

Can you, after employment, submit proof  Yes  No  
Of your legal right to work in the US?

Are you 18 years or older?  Yes  No  
(If under 18 a work permit is required by state/federal laws)

Can you perform the essential requirements of the position you are applying for with or without reasonable accommodation?  Yes  No  
(Note : SCSD complies with the ADA and state law and considers reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential functions.)

It is SCSD's policy to provide equal opportunity to all persons without regard to race, color, religion, sex, pregnancy, marital or domestic partner status, sexual orientation, gender identity or expression, age, ancestry, national origin, disability, or medical condition, as defined in state and federal laws. This policy covers all aspects of employment, including, but not limited to, recruitment, selection, training, promotion, transfer, compensation, demotion and termination.

**EMPLOYMENT HISTORY**--Please list jobs you have had in the last 10 years starting with your current or most recent position.

Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Your Supervisor & Title: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Your Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? Yes  No

Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Your Supervisor & Title: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Your Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? Yes  No

Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Your Supervisor & Title: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Your Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? Yes  No

Please attach additional sheets if necessary. Please complete this section even if you are attaching a resume or other materials. Please include military and volunteer experience. Application is continued on reverse.

**EDUCATION AND TRAINING**

	Name & Location of School	Course of Study Check last year completed	Degree/Diploma Received
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Water Certification			
Wastewater Certification			

**LICENSES** -- Please list any relevant driver's or other professional licenses or certifications

	Type or Class of License	Agency Issuing	Number and Expiration Date
Driver's			
Other			

**REFERENCES** -- Please list three references that we may contact at this time who are not related to you.

Name & Title _____ Address _____ Phone _____	What can this person tell us about you?
Name & Title _____ Address _____ Phone _____	What can this person tell us about you?
Name & Title _____ Address _____ Phone _____	What can this person tell us about you?

**PLEASE CAREFULLY READ THE FOLLOWING APPLICANT'S STATEMENT BEFORE SIGNING:**

I certify that the information contained in this application and any attachments is true and correct to the best of my knowledge. I authorize SCSD to thoroughly investigate my entire employment history, references, educational background, driving record, credit history, required licensing and certifications, and criminal record and I expressly authorize SCSD to verify all information provided in this employment application, related documents and/or employment-related interviews or discussions. Deliberate misrepresentations of fact may justify refusal of employment or if employed, termination from employment by SCSD. I understand that any misrepresentation or material omission may result to receive an offer or, if I am hired in this application, in my dismissal.

I understand that a medical examination, which may include a test for drugs and alcohol, may be required after an offer of employment is made but before employment begins. I expressly agree to present myself to a physician chosen by SCSD for such examination if requested by SCSD. I understand that all examination results will be treated confidentially by SCSD and that refusal to submit to such examination will result in withdrawal of the offer of employment.

I understand that SCSD is a drug free workplace and has an Arbitration Policy whereby employees agree to resolve all employment disputes by arbitration and to waive any rights to a trial by jury. I agree to abide by all SCSD Policies and Procedures.

I understand that SCSD is an "At Will" employer. If employed, I will be free to resign at any time for any reason and SCSD similarly retains the right to terminate my employment at will.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_