

Two Rivers Water Reclamation Authority

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

| | | |
|--|------|------------------------|
| | Date | Social Security Number |
|--|------|------------------------|

Name _____
Last
First
Middle

Present Address _____
Street
City
State
Zip

Permanent Address _____
Street
City
State
Zip

Phone No. _____

Referred By _____

Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

| | | |
|----------|--------------------|----------------|
| Position | Date You Can Start | Salary Desired |
|----------|--------------------|----------------|

| | | | | | |
|-----------------------|-----|----|--|-----|----|
| Are You Employed Now? | Yes | No | If so May We Inquire of Your Present Employer? | Yes | No |
|-----------------------|-----|----|--|-----|----|

| | | | | |
|--------------------------------------|-----|----|--------|-------|
| Ever Applied to this Company Before? | Yes | No | Where? | When? |
|--------------------------------------|-----|----|--------|-------|

EDUCATION

| | Name and Location of School | Circle Last Year Completed | Did You Graduate? | Subjects Studied And Degree(s) Received |
|--|-----------------------------|----------------------------|-------------------|---|
| Grammar School | _____ | | Yes No | |
| High School | _____ | 1 2 3 4 | Yes No | |
| College | _____ | 1 2 3 4 | Yes No | |
| Trade, Business or Correspondence School | _____ | 1 2 3 4 | Yes No | |

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

FORMER EMPLOYERS List below your last four employers, starting with the last one first

| Date Month and Year | Name and Address of Employer | Salary upon leaving | Position | Reason for leaving |
|------------------------|------------------------------|------------------------|----------|-----------------------|
| From _____ To _____ | | | | |
| From _____ To _____ | | | | |
| From _____ To _____ | | | | |
| From _____ To _____ | | | | |

REFERENCES List below three persons not related to you, whom you have known at least one year.

| Name | Address | Position | Years Acquainted |
|------|---------|----------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

As a condition of my employment, I agree to Waive my right to a Jury trial in any action or proceeding related to my employment with Two Rivers Water Reclamation Authority. I understand that I am waiving my right to a jury trial voluntarily and knowingly, and free from duress or coercion. I understand that I am waiving a right to administrative review before the Department of Law and Public Safety-Division of Civil Rights. I understand that I have a right to consult with a person of my choosing, including an attorney, before signing this document. I agree that all disputes relating to my employment with Two Rivers Water Reclamation Authority or termination thereof shall be decided by an arbitrator through the Labor Relations Section of the American Arbitration Association.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Authority.

I understand that any employment is conditioned on a background check. I authorize the Authority to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Authority, without giving me prior notice of such disclosure. In addition, I release the Authority, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Authority. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Authority unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Authority and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Authority the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and If I am hired a condition of my employment will be that I abide by the Authority's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Authority to hire. If hired, I agree to abide by all Authority work rules, policies and procedures. The Authority retains the right to revise its policies or procedures, in whole or in part, at any time.

Date _____ Signature _____