UPPER BLUE SANITATION DISTRICT APPLICATION FOR EMPLOYMENT

RETURN TO: admin@ubsd.org
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

ob Applied for	bb Applied forToday's Date							
					When could you start work?			
Last Name	First Name		Middle Name	· .	Teleph	Telephone Number		
Present Street Add	Iress	City		State		Zip	Code	
Are you 18 years of age or olly If you are hired, you may be req				. 		Yes 🗌	No [
Social Security # (Optional)	If hired	, can you furnish	proof you are e	eligible to v	vork in the U.S.?	Yes 🗌	No [
dave you ever applied here b	efore? Yes [If yes, when?					
Vere you ever employed here	? Yes [] No []	If yes, when?					
lave you ever been convicted lea of "guilty" or "no contes							No [
If yes, give details (A conviction will not n		an applicant for en	nployment.)					
f employed, do you expect to or employment outside of ou						Yes 🔲	No [
If yes, give details _								
or Driving Jobs <u>Only</u> : Do yo	u have a valid drive	er's license?	. , ,			Yes 🔲	No [
Driver's License Nun	nber		Class of	License	State Lice	nsed In	<u> </u>	
Have you had your d	river's license susp	pended or revoke	ed in the last 3 y	ears?		Yes 🗌	No 🗌	
If yes, give de	tails:		· · · · · · · · · · · · · · · · · · ·					
ist professional, trade, businace, color, religion, national								
IST NAME AND ADDRES	S OF SCHOOLS		Numb Yea	•	Diploma/ Degree/		bjects	
High School or GED:		Comp	eted	Certificate	51	udied		
College or University:						· · · · · · · · · · · · · · · · · · ·		
ocational or Technical:								

including military service and	d any periods of unemployment.	r last employer listed first. Account for all periods if self-employed, give firm name and supply busing ferences from current and former employers.					
NAME OF EMPLOYER		JOB TITLE AND DUTIES	. 7				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	то				
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$					
SUPERVISOR(S)	TELEPHONE	Reason For Leaving					
NAME OF EMPLOYER		JOB TITLE AND DUTIES					
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	то				
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$					
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING					
NAME OF EMPLOYER		JOB TITLE AND DUTIES					
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	то				
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$					
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING					
NAME OF EMPLOYER		JOB TITLE AND DUTIES					
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	то				
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$					
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING					
Have you worked or attended s	chool under any other names? .	Yes 🗌	No 🗌				
If yes, give names:	V [7]						
		Yes 🗋	No 📙				
If yes, whom do you suggest we contact? Have you ever been fired from a job or asked to resign?							
If yes, please explain:							
Give three references, not relat Name	· · ·	dress Phone					
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS By MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.							
Signature: This application for employment will remain active for a limited time. Ask the organization's representative for details.							