

APPLICATION FOR EMPLOYMENT
Clifton Sanitation District



Clifton Sanitation District (“Employer”) is an Equal Opportunity Employer. Employer does not unlawfully discriminate on the basis of race, color, sex, gender, sexual orientation, national origin, ancestry, religion, creed, age, physical or mental disability, genetic information, veteran or military status, or other protected status.

PROVIDE ALL/ONLY INFORMATION REQUESTED OR YOU MAY BE DISQUALIFIED.

I. Personal Information

Last Name	First Name	Middle Initial	Social Security Number
Street Address	City	State Zip	Telephone #

Are you under 19 years of age? Yes___ No___. If “Yes,” state your date of birth: _____.

Are you lawfully authorized to work in the United States? Yes___ No_____.

If you are related to any of our employees, please state the name of the employee and the employee’s position with Employer, if known. _____.

For what position(s) are you applying?
_____.

On what date will you be available for work? _____. Are you on layoff and subject to recall? Yes___ No__.

What are you willing to work? Full Time___ Part Time___ Temporary___ (dates ___/___/___ to ___/___/___)
List days of week and hours of day you can’t work: _____. Wage desired: _____.

Do you have any commitments that will necessitate your absence from work during regular work hours for more than three consecutive days within the next six months? Yes___ No___. If “Yes,” explain:
_____.

Will you work over 40 hrs/week if required? Yes___ No___.
Why do you want this job?
_____.

II. Job Requirements (Complete this Section only if you have been told the job qualifications/requirements):

I meet all required educational, experience and certification/license qualifications of the job. Yes___ No___.
If “No” what qualifications do you lack?
_____.

I have reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation. Yes___ No___. Complete any attachment regarding essential physical functions of the job.

III. Employment History

(List chronologically **every employer** during the past 10 years beginning with most current. Add sheets, if necessary. **Do Not Omit** any prior employment within this period.)

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Last Position	Reason for Leaving
From To				
From To				
From To				
From To				

Explain any gaps in your work history that are longer than six months.

Have you ever been fired from a job or quit under threat of being fired? Yes ___ No ___. If Yes, when? _____ Who was the employer? _____. What reason did the employer give you for your dismissal or forced resignation?

Please describe any problems in your current job about which you have been warned or disciplined during the past 12 months:

Who should we contact to confirm current employment data?

Name / Title / Telephone #

Can we talk to your current employer now, or only if you are hired? Now _____ only if hired _____

Have you ever been employed by us before? Yes ___ No ___. If "Yes" please state the positions held, period of employment and reason for leaving:

IV. Education

School	Name and Location	Graduated? Y/N	Major Subjects
High School			
College			
Technical or Graduate School			

What special training or skills do you have for this job position?

V. Criminal Record

Have you been convicted of or plead guilty (includes also deferred judgment and no contest plea) to a crime or subjected to court martial? (Do not include crimes for which public records are sealed or have been expunged) Yes__ No __. If “Yes,” identify nature of the offense, county and state where convicted, date of conviction, and sentence or fine imposed.

If you are presently charged with committing a criminal offense, identify nature of offense, county and state where charges are pending, and status of the charges:

VI. Illegal Drugs. Within the past 60 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances that were not taken as prescribed to you by a physician? Yes__No __.

VII. References (business and professional only)

Name	Title	Company	Phone

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I authorize Employer to contact my references, investigate my employment history, education, criminal record, and if applicable, driving record, and to obtain a consumer report regarding me. I agree to assist Employer in obtaining background information on me by signing any authorization/release forms necessary to obtain such information. I will submit to and pass any drug test required by Employer as a condition of employment. **All employment with Employer is at-will, meaning that employment with Employer may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer.** I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer’s right to terminate employment at will. I understand that Employer has policies and procedures that I must follow, if hired. I understand that Employer reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and that these changes are accepted by continuing my employment with Employer. I certify that I am submitting this application because of a good faith desire for employment with Employer. If offered employment, I will consider the offer, and if I accept, I will fulfill the requirements of the job to the best of my ability.

Applicant’s Signature

Date