

ASH CREEK SPECIAL SERVICE DISTRICT

APPLICATION FOR EMPLOYMENT

(Please Print)

(To be completed by applicant)

Date_____

I. Personal Information

Name:	Last	First	Middle
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Present Address

Permanent Address (if different than above)

Social Security Number

Telephone _____

Drivers License Number & State
(photocopy required for DMV record check)

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) Within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by the Ash Creek Special Service District?

3. How were you referred to the Ash Creek Special Service District?

II. Educational History

School Name/Location	Years Completed Degree/Diploma
Elem/Jr. High _____	
High School _____	
College _____	
Tech. Training _____	
Other _____	

III. Employment Record Please include all employment for the last five years.

- | | |
|---|--------------------------------|
| Company Name (current/most recent employer) | Position Held |
| Address | Date employed _____
From To |
| Manager/Supervisor | Telephone Wage/Salary |
| Reason for Leaving | |
- | | |
|--------------------|--------------------------------|
| Company Name | Position Held |
| Address | Date employed _____
From To |
| Manager/Supervisor | Telephone Wage/Salary |
| Reason for Leaving | |
- | | |
|--------------------|--------------------------------|
| Company Name | Position Held |
| Address | Date employed _____
From To |
| Manager/Supervisor | Telephone Wage/Salary |
| Reason for Leaving | |

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

Employer's Name	Reason
Employer's Name	Reason

IV. References Please do not include relatives or former employers.

1.	_____	_____ Name
		Years Known _____
	Address _____	Telephone _____
	Occupation _____	
2.	_____	_____ Name
	Years Known _____	
	Address _____	Telephone _____
	Occupation _____	
3.	_____	_____ Name
		Years Known _____
	Address _____	Telephone _____
	Occupation _____	

V. Work Availability

1. If your application received favorable consideration, when will you be available to begin work?

2. Do you have any objections to working overtime?

() Yes () No

3. Can you work overtime without prior notice?

() Yes () No

4. Can you work on Saturday?

() Yes () No

5. Can you work on Sunday?

() Yes () No

6. Can you travel if required by this position?

() Yes () No

V. Salary/Hourly Rate Requirements

1. If your application receives favorable consideration, what salary/ hourly rate would you desire?

\$ _____ Per _____

VII. Other information, skills, or awards you feel would be of benefit to the Ash Creek Special Service District

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability.

The information contained on this application is true and correct to the best of my knowledge. I understand that if this information is found to be false or incorrect in any way, the application will be rejected or if I am hired based on this information, that I could be terminated of employment.

I understand that a pre-employment drug test will be administered. Employment is contingent on passing said drug test and future drug tests. I understand that I could be terminated if drug tests are positive.

Signed:

PLEASE ATTACH A RESUME IF AVAILABLE

RE: RELEASE OF INFORMATION AUTHORIZATION

SIRS: