



**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
First M Last

Address: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

E-MAIL: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Pay: \$ \_\_\_\_\_  HOUR  SALARY

Position Applied For: \_\_\_\_\_

Employment Desired:  FULL-TIME  PART-TIME

**EMPLOYMENT ELIGIBILITY**

Are you legally eligible to work in the U.S?  YES  NO

Have you ever worked for JCPSD?  YES  NO

\*If yes, when: \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**COMPLETE ONLY IF DRIVING IS REQUIRED FOR POSITION**

License No: \_\_\_\_\_ Class of License: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Has your license ever been suspended or revoked?  YES  NO

If yes, please explain: \_\_\_\_\_



**EDUCATION**

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Years attended: \_\_\_\_\_

Graduate?  YES  NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

Years attended: \_\_\_\_\_

Graduate?  YES  NO Degree: \_\_\_\_\_

OTHER: \_\_\_\_\_ City, State: \_\_\_\_\_

Years attended: \_\_\_\_\_

Degree or Certification: \_\_\_\_\_

OTHER: \_\_\_\_\_ City, State: \_\_\_\_\_

Years attended: \_\_\_\_\_

Degree or Certification: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

BEGIN WITH MOST RECENT

Employer : \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_  HOUR  SALARY Ending Pay: \$ \_\_\_\_\_  HOUR  SALARY

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_



Employer : \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_  HOUR  SALARY Ending Pay: \$ \_\_\_\_\_  HOUR  SALARY

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer : \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_  HOUR  SALARY Ending Pay: \$ \_\_\_\_\_  HOUR  SALARY

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**REFERENCES**

LIST THREE PROFESSIONAL REFERENCES WHO MAY BE CONTACTED ABOUT YOUR WORK HISTORY.

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

Phone: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

Phone: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

Phone: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years Known: \_\_\_\_\_



I have submitted the attached form to JCPSD for the purpose of obtaining assistance in securing permanent, temporary, or contract employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate JCPSD to further process my application. I certify as to the accuracy of the matters set forth herein and, in my resume, and understand that any misstatement of fact may cause me to be refused employment or to lose my employment.

I hereby authorize JCPSD and its agents to make such investigations and inquire into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize JCPSD and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

I understand that district policy requires an applicant to pass a pre-employment background check and drug screen. Failure to comply with these inquires will disqualify the applicant from present and future employment consideration. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason.

It is the policy of the Jefferson County Public Sewer District not to discriminate on the basis of political affiliation, race, color, religion, national origin, sex, age or disability, or other status protected by law except where specific age or physical requirements constitute a bona fide occupational qualification. The job duties will be reviewed with you to determine your ability to perform the essential functions of the position.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNED:** \_\_\_\_\_  
(Candidate)

**DATE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Background Check Release. I, the above signed applicant, authorize Jefferson County Public Sewer District to perform a Background check.

