

APPLICATION FOR EMPLOYMENT



Muncie Sanitary District, Indiana
An Equal Opportunity Employer

The Muncie Sanitary District, Indiana, does not discriminate on the basis of race, color, gender, sexual orientation, gender identity, national origin, age, religion, or disability, in employment or the provision of services

Please type or print responses to all questions on the application form. *Any application not completed in its entirety may not be considered.*

Position sought: _____

Last name: _____ First name: _____

Middle initial: _____ Former names(s) _____

Address: _____ Email: _____

City/state/zip: _____ Phone: _____

| | | | | | |
|------------------------|-----------------|------|-----|-----------------------------------|-----|
| Are you interested in: | Full-time work? | Yes: | No: | Are you at least 18 years of age? | |
| | Part-time work? | Yes: | No: | Yes: | No: |
| | Seasonal? | Yes: | No: | | |

Date available to start work: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here _____ and skip to **Previous employer** below.

! Current employer: _____

Address: _____ City/state/zip: _____

Phone: _____ Hire date: _____ Job title: _____

Supervisor _____ Title: _____

Work phone: _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions, etc:

Why do you want to leave?

May we contact your current employer? Yes: No: If no, please explain why:

! Previous employer: _____
Address: _____ City/state/zip: _____
Phone: _____ Dates employed: _____
Job title: _____
Supervisor _____ Title: _____
Work phone: _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions, etc:

Reason for leaving:

May we contact your current employer? Yes: No: If no, please explain why:

! Previous employer: _____
Address: _____ City/state/zip: _____
Phone: _____ Dates employed: _____
Job title: _____
Supervisor _____ Title: _____
Work phone: _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions, etc:

Reason for leaving:

May we contact your current employer? Yes: No: If no, please explain why:

! Previous employer: _____
Address: _____ City/state/zip: _____
Phone: _____ Dates employed: _____
Job title: _____
Supervisor _____ Title: _____
Work phone: _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact your current employer? Yes: No: If no, please explain why:

→ *If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From: _____ to _____ Reason (*unless caused by medical condition(s)*):

From: _____ to _____ Reason (*unless caused by medical condition(s)*):

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

Last high school attended:

Name: _____

Address: _____ City/state/zip: _____

Diploma? Yes: No: GED? Yes: No:

Activities, awards: (You may exclude any which indicate race, color, religion, gender, sexual orientation, gender identity, age national origin, or disability.)

College(s) or Trade Schools(s) *Attach additional pages as needed.*

Name: _____

Dates attended: _____ to: _____

Address: _____ City/state/zip: _____

Degrees(s): _____

Major/minor course(s) of study: _____

Name: _____

Dates attended: _____ to: _____

Address: _____ City/state/zip: _____

Degrees(s): _____

Major/minor course(s) of study: _____

Activities, awards: (You may exclude any which indicate race, color, religion, gender, sexual orientation, gender identity, age national origin, or disability.)

Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here _____ and skip to the next section.

Military Branch Dates of Service Highest Rank Attained Rank at Separation

Type of Discharge: _____

Citations/awards received: _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training: _____

CDL Class A: _____ CDL Class B: _____

Air Brake Endorsement: _____ Tanker Endorsement: _____ HAZMAT Endorsement: _____

Professional/special license(s) or certificate(s):

| State | Issued by | Date Issued | Expiration | Type | License# |
|-------|-----------|-------------|------------|------|----------|
|-------|-----------|-------------|------------|------|----------|

Have you had any license suspended, revoked or terminated? Yes: No: If yes, explain:

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions. *(You may exclude any which indicate race, color, religion, gender, sexual orientation, gender identity, age national origin, or disability.)*

| Organization Name | Address | Phone | Offices/Positions |
|-------------------|---------|-------|-------------------|
|-------------------|---------|-------|-------------------|

Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. *(You may exclude any which indicate race, color, religion, gender, sexual orientation, gender identity, age national origin, or disability.)*

PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes: No: If yes, please explain:

Have you ever been convicted of a felony? (Note: A guilty plea to or conviction of a crime is not an automatic bar to employment; all circumstances will be considered) Yes: No:
If yes, please explain:

Do you have any criminal charges currently pending against you? (Note: A pending charge is not an automatic bar to employment; all circumstances will be considered) Yes: No:
If yes, please explain:

List three references who are not related to you and are not former employers or supervisors who we are authorized to contact:

Name: _____ Phone: _____

Address: _____ City/state/zip: _____

Number of years known: _____

Name: _____ Phone: _____

Address: _____ City/state/zip: _____

Number of years known: _____

Name: _____ Phone: _____

Address: _____ City/state/zip: _____

Number of years known: _____

List any former employers or other individuals/organization we are **not** authorized to contact:

Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes: No: If yes, please explain (including jurisdiction of registry):

APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initial at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

! I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/ or psychological examination that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

! I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: _____

! I understand and accept that if any information in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

! I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statement contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: _____

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant signature

Date