



Northern Moraine Wastewater Reclamation District APPLICATION FOR EMPLOYMENT

(Please Print Plainly in Ink)

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Date: ___/___/___

Name: _____
Last First Middle

Present Address: _____
Street City State ZIP

Home Phone: (___) ___-___ Cell Phone: (___) ___-___ E-mail: _____

Position Applied for: _____ Rate of Pay Expected: _____ per _____

Applying for (please check one): Full-Time Part-Time Seasonal

If part-time or seasonal, please specify days and hours of availability (Example: Tues 1 p.m. to 6 p.m.):

Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____ Sun _____

Please indicate the dates you are available to work. From: ___/___/___ To: ___/___/___

Were you previously employed by the Northern Moraine Wastewater Reclamation District? Yes No

If yes, Dates of Employment? ___/___/___ to ___/___/___

How were you referred to the Northern Moraine Wastewater Reclamation District? _____

Are you 16 years or older? Yes No Are you 18 years or older? Yes No

Under what name(s) have you been previously employed? _____

Do you know anyone that works for the District? Yes No

If yes, please specify: Name _____



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EDUCATION

Name and Location of High School, Trade or
Business School, or Colleges Attended

Degrees Earned
or Expected

Major Courses
Studied

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors, Professional Societies/Affiliations, and Activities (Give Positions Held): Exclude organizations, the name of which indicates the race, creed, sex, sexual orientation, age, marital status, color or nation of origin of members.

EMPLOYMENT INFORMATION

Is it OK if we check with your present supervisor? ___ Yes ___ No

Note: We may contact any previous employer to verify your job title, description of past duties, dates of employment, compensation, etc.

Experience: (Start with your present or last job and work back. Include paid or unpaid, full or part-time, summer jobs, etc.)

Name and Address of Employer	Job Title	Starting Date	Ending Date
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Hours/Week Name, title, and phone number (if known) of immediate supervisor

Description of Duties and Responsibilities: _____

Reasons for Leaving: _____



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Name and Address of Employer	Job Title	Starting Date	Ending Date
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Hours/Week Name, title, and phone number (if known) of immediate supervisor

Description of Duties and Responsibilities: _____

Reasons for Leaving: _____

Name and Address of Employer	Job Title	Starting Date	Ending Date
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Hours/Week Name, title, and phone number (if known) of immediate supervisor

Description of Duties and Responsibilities: _____

Reasons for Leaving: _____

Name and Address of Employer	Job Title	Starting Date	Ending Date
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Hours/Week Name, title, and phone number (if known) of immediate supervisor

Description of Duties and Responsibilities: _____

Reasons for Leaving: _____

MILITARY SERVICE

Branch: _____ From: ____/____/____ To: ____/____/____

Duties: _____ Type of Discharge: _____



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PROFESSIONAL REFERENCES

List the names, addresses, and phone numbers of three persons who are not related to you and who you would have knowledge of your qualifications for the position(s) for which you are applying, such as supervisors, co-workers, teachers, etc.

Name	Address	Phone Number

SPECIAL QUALIFICATIONS

List or describe special qualifications, skills or training related to the position for which you are applying (e.g. licenses, skills with machines, computer skills, special courses, training programs, etc.)

If hired, can you prove you are legally permitted to work in the United States? Yes No

Acknowledgement

Please read carefully

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

I understand that if the Northern Moraine Wastewater Reclamation District hires me, my employment will be at-will, meaning that either I or the Northern Moraine Wastewater Reclamation District can terminate it at any time for any reason.

I authorize the Northern Moraine Wastewater Reclamation District to make inquiries concerning my character, employment record and other matters to verify my suitability for employment and release the Northern Moraine Wastewater Reclamation District and any individuals it contacts from any claims arising from making or responding to such inquiries. I further understand that such inquiries will include checking police records for convictions. I understand that I may request reasonable accommodations if needed, due to disability, in order to participate in the overall application process.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid.

I agree to submit to a pre-employment physical and/or drug screen if required by the Northern Moraine Wastewater Reclamation District and understand that any offer of employment is contingent upon successfully passing the test(s) if so required.

Signed: _____ Date: ____/____/____

THE NORTHERN MORAIN WASTEWATER RECLAMATION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS RECEIVE EQUAL CONSIDERATION REGARDLESS OF THEIR RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR OTHER CATEGORY PROTECTED BY LAW.

Return completed application to: Northern Moraine Wastewater Reclamation District, Attn: Manager P.O. Box 240, Island Lake, IL 60042