

METRO EAST SANITARY DISTRICT
1800 Edison Avenue
Granite City, IL 62040

APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, employment is determined by the person's qualifications and abilities without regard to race, color, creed, national origin, religion, age, sex, sexual orientation, disability, veteran status, marital status, or genetic information.

All information will be treated as confidential and placed on file for 6 months. Thereafter, if the employment is still desired, the applicant must reapply.

All maintenance employees must possess a CDL A with air brake/combination or a CDL B at the time employment commences, as a condition of employment.

All full-time and part-time employees of the Metro East Sanitary District shall be actual residents (domiciled) of the Metro East Sanitary boundaries as a condition of their employment by the Metro East Sanitary District.

Date of Application _____

Are you interested in (circle one): Full Time Part Time Temporary

Are weekends acceptable? Yes No

Position Desired: _____ Available Start Date: _____

(Print) Name _____
 First Middle Last

Current Address _____
 Street City/State Zip

Telephone Number _____ Alternate Number _____

Email Address _____

If non-citizen, indicate visa type and number _____

Please list any friends or relatives who work for MESD _____

Were you previously employed by Metro East Sanitary District _____ If yes, when? _____

EDUCATION

Type of School	Name & Location of School	Dates Attended		Major Field of Study	Diploma or Degree
High School					
Vocational or Technical School					
College/University					
Other					

FOR PROFESSIONAL AND OR TECHNICALLY TRAINED APPLICANTS:

List any registry, license or certification held _____

What State _____ Date Received _____

EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER

Name and Address of Company	Job Title	From	To	Name of Supervisor
	Describe the work you did:			Reason for leaving:
Telephone				
Name and Address of Company	Job Title	From	To	Name of Supervisor
	Describe the work you did:			Reason for leaving:
Telephone				
Name and Address of Company	Job Title	From	To	Name of Supervisor
	Describe the work you did:			Reason for leaving:
Telephone				

May we contact your present employer? Yes No

If not, please explain:

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances:

PERSONAL REFERENCES (Not Former Employers or Relatives)

<u>Name & Relationship</u>	<u>Address</u>	<u>Phone #</u>

DRIVING INFORMATION

Do you have a current valid driver's license? Yes No

State _____ Expiration _____

Use this space for additional information you want us to know in considering you for employment.

APPLICANT, PLEASE READ CAREFULLY BEFORE SIGNING

I certify the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the Metro East Sanitary District shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me on this application. This includes authorizing the Metro East Sanitary District to investigate all references and to secure additional information if related to this employment application. I further authorize the Metro East Sanitary District to contact law enforcement agencies with regard to criminal records information and consumer reporting agencies with regard to credit and character information. I release from liability the Metro East Sanitary District and its representatives for seeking such information and other persons or organization from furnishing such information. I understand that some Metro East Sanitary District departments operate 24 hours a day, 7 days per week, and that weekend work or changes of shifts may be required. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the Fair Labor Standards Act (as amended). I understand that my employment is subject to passing a mandatory drug screen and physical exam (if required), satisfactory reference checks, presentation of identification as required to conform to immigration laws, and accuracy of all pre-employment information furnished. I understand that this employment application and any other Metro East Sanitary District documents are not contracts of employment that any individual who is hired may voluntarily leave employment upon proper notice, or may be terminated by the employer. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE

Signature of Applicant

Date