



## EDUCATION

Type of School	Name & Location of School	Month/Year 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

Identify your present and previous employers in chronological order with present employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

<u>Employer Present or Previous</u>	<u>Employed From / To</u>	<u>Pay Start / Final</u>	<u>Title/Position &amp; Supervisor</u>	<u>Reason for Leaving</u>

May we contact your current employer?                      Yes                      No

If not, please explain:

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

If yes, please explain circumstances:

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### PERSONAL REFERENCES (Not Former Employers or Relatives)

<u>Name &amp; Occupation</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 and additional sheets, if necessary, for additional information you want us to know in considering you for employment.

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**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