

WESTERN LAKE SUPERIOR SANITARY DISTRICT

2626 Courtland Street
Duluth, Minnesota 55806-1894
Phone: (218) 722-3336
FAX: (218) 727-7471
http://www.wlssd.com



Clear Answers for Clean Water™

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION _____		
NAME: _____		
LAST	FIRST	MIDDLE
ADDRESS: _____		
STREET OR P.O. BOX		

CITY	STATE	ZIP
TELEPHONE # _____		

Position applying for (same as title on announcement):

Availability for Employment

When would you be able to start? _____

Check all the employment options you would accept:

<input type="checkbox"/> Full-time employment
<input type="checkbox"/> Part-time employment
<input type="checkbox"/> Temporary employment
<input type="checkbox"/> Shift work (if applicable to the position)

Are you legally eligible to work in the United States? Yes No

Is transportation available to you so that you can get to work on time every day?

Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain:

When: _____

<p>This application will be active for one year. Please provide very specific, clear information regarding your employment and training background. The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment with the WLSSD. A separate application must be completed for each position.</p>
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Have you ever been disciplined or discharged for violating a safety rule?

_____ Yes _____ No

If yes, please explain: _____

Education and Training

School	School Name and Location	Degree/Certificate Received	Grade Average
High School			
College or University			
Graduate School			
Vocational or Business School			

Licenses or Certificates held: _____

Describe specific skill training you have related to the position you are applying; include skills, special training programs, participation in professional organizations, etc.: _____

Military Experience
Branch: _____
Type of Discharge: _____
Description of relevant experience for position applying for: _____

Work experience: List complete employment beginning with most recent experience first.

Name of Employer: _____ _____			
Street Address	City	State	Telephone Number
Dates Employed			
From: _____	To: _____	Title: _____	
Job Duties: _____ _____			
If currently employed, may we contact this employer:		Reasons for Leaving:	
Yes _____	No _____	_____	
Hours per Week: _____	Salary: _____		

Name of Employer: _____ _____			
Street Address	City	State	Telephone Number
Dates Employed			
From: _____	To: _____	Title: _____	
Job Duties: _____ _____			
Reasons for Leaving: _____ _____			
Hours per Week: _____	Salary: _____		

Name of Employer: _____ _____			
Street Address	City	State	Telephone Number
Dates Employed			
From: _____	To: _____	Title: _____	
Job Duties: _____ _____			
Reasons for Leaving: _____ _____			
Hours per Week: _____	Salary: _____		

(Attach additional pages if necessary)

Additional Volunteer Experience if Applicable to the Position Applying For:

References

Names of three persons who have had a professional or business association with you who can give us some sense of your work ethic (do not include relatives or clergy).

Name	Business or Professional	Street Address, City, State, Zip	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please Read and Sign

I certify that the information I have provided on this application is true and complete. I understand that false statements on this application shall be considered cause for refusal of a position or removal from a position. I authorize the WLSSD to investigate fully any and all statements I have provided on this application including the release of relevant information from previous employers. I release the WLSSD and any person providing relevant information to the WLSSD from all claims or liabilities in connection with seeking and providing this information. I also understand and agree that successful completion of a job related pre-employment physical exam may be required prior to final acceptance of employment.

Signature of Applicant: _____

Date: _____

PRE-EMPLOYMENT INQUIRY

Note to Employer:

_____ (name) is an applicant for employment at the Western Lake Superior Sanitary District. The applicant has allowed the release of information regarding employment with your organization. Please complete the employer section of this form and return it in the enclosed self-addressed envelope. WLSSD assures you that this information will be held in the applicant's confidential file. Thank you.

(WLSSD Representative)

For job applicant:

I have made application for employment at the WLSSD and have stated that I worked for

(Organization)

(Department)

(Job Title)

Date Employed: From: _____ To: _____

Please release to the WLSSD the following information regarding my employment record.

(Applicant Signature)

(Date Signed)

Employer Section: CONFIDENTIAL

Are the employment dates correct?

_____ Yes _____ No, they should be _____

Job Title: _____

Please provide a description of your employee's/former employee's work record. Please state reasons for leaving.

(Organization Representative)

(Title)

(Date)

(Organization)

(Address)