PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Boone County Regional Sewer District

APPLICATION FOR EMPLOYMENT

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE CON	IPLETE PAGES	3 1-3 .		DAT	E		
Name							
Last		First		Midd	le		Maiden
Present address							
	Number		Street	City	у	State	Zip
How long		Telepho	one ()		O-lon d		
Position applied f	or				Salary de	esirea	
How many hours	can you work weel	kly?	Can yc	ou work nigh	its?	Wee	ekends?
Employment desi	ired DFULL-TIN	1E ONLY	□PART-TIM	PART-TIME ONLY DFULL- OR PART-TIME			
When available for	or work?						
TYPE OF SCHOOL	NAME OF SC	HOOL	LOCA	ΓΙΟΝ	YE	BER OF ARS PLETED	MAJOR & DEGREE
High School							
College							
Bus. or Trade School							
Professional School							
DO YOU HAVE A	A DRIVER'S LICEN	SE? Yes	D No				
What is your mea	ans of transportation	ו to work?					
Driver's license n	umber		State	of issue			
□ Operator □	Commercial (CDL)	□Chauff	eur Expirati	ion date			
Have you had an	y accidents during	the past thre	e years?		How	/ many?	
Have you had any moving violations during the past three years? How Many?							

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			APPLICATION FOR EM	PLOYMENT	
			MILITARY		
Н	AVE YOU EVE	R BEEN IN THE ARI	MED FORCES?	🗆 Yes 🛛 No)
A	RE YOU NOW	A MEMBER OF THE	NATIONAL GUARD?	🗅 Ye	s 🖵 No
S	pecialty	D	ate Entered		Discharge Date
	/ork xperience				nning with your most recent job itional sheets if necessary.
	Present Emple	over			
	Address:				Employment Dates
					From: To:
	- Final Salary: _	Per:	Reason for Leavi	ng:	
2. F	Present Emple	oyer			
	Address:				Employment Dates
	City/State/Zip:		Phone:		From: To:
	Position:		Superv	/isor:	
	Main Duties: _				
	- Final Salary: _	Per:	Reason for Leavi	ng:	
	Present Emplo	oyer			
					From: To:
	Main Duties: _				
	- Final Salary: _	Per:	Reason for Leavi	ng:	
A C	•	•			
					From: To:
	Main Duties: _				
	- Final Salary: _	Per:	Reason for Leavi	 ng:	

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			AP		ON FOR EI	MPLOYMEN ONLY	1		
Typing	□ Yes _ □ No	WF	РΜ	L 10-key	□ Yes □ No			sWPM	
Personal Computer	□ Yes □ No	PC Mac							
Please list	two referer	ices othe	er than r	elatives or	previous emp	oloyers.			
Name					Nam	ne			
Position					Posi	tion			
Company					Corr	ipany			
Address					Add	ress			
	<u>()</u>					phone (
backgroun	d. Use the	space be	elow to	summarize				a complete escribe your full	
						OT SIGNED WII			

The facts set forth above in my application for employment are true and complete tot he best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. My signature authorizes the Boone County Regional Sewer District to review my previous employment (except as stated above), driving, and criminal records and/or other background data as it may relate to the position for which I am applying or have been hired. I also understand that for some positions an offer of employment with the District is contingent upon the results of a physical examination.

DATE: SIGNATURE: