



## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Position(s) Applying For:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Submit to: [careers@jointsewer.com](mailto:careers@jointsewer.com)



## Application for Employment

**The Paducah McCracken Joint Sewer Agency is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, religion, color, creed, sex, age, national origin, citizenship, disability, veteran, or other legally protected status.**

**Instructions:** Please read carefully. Every item on this form must be answered in its entirety to the best of your ability. Please print legibly in ink. Upon employment, if offered, this application will become part of your permanent record at this agency. If you will need any reasonable accommodation to assist you in completing this application or any part of the recruitment process, please explain here: \_\_\_\_\_

### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Number & Street City State Zip

Have you ever been known by any other name(s) that may be required to verify information contained in this application? Yes  No

If yes, please list \_\_\_\_\_

Are you lawfully authorized to work in the United States? Yes  No   
*Proof of citizenship/immigration status/ right to work in the U.S. required upon employment.*

Are you over 18 years of Age? Yes  No  If no, state age here: \_\_\_\_\_

Have you ever filed an application with, or been employed by, this agency before? Yes  No   
If yes, give date(s) and explain: \_\_\_\_\_

Do you currently have relatives employed by this agency? Yes  No  If yes, please provide name(s), relationship, and their position(s): \_\_\_\_\_

Are you currently on lay-off status and subject to recall? Yes  No

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

Can you travel if a job requires it? Yes  No

### **GENERAL EMPLOYMENT INFORMATION:**

Position(s) desired: \_\_\_\_\_

Type of Employment Desired: Full Time  Part Time  Temporary  Intern/Apprentice

Date available for work: \_\_\_\_\_ Hours available for work: \_\_\_\_\_

If temporary or intern/apprentice, list dates available: \_\_\_\_\_

Minimum Salary Requirements: \_\_\_\_\_

Referral Source: Advertisement  State Employment Office  Employee Referral  \_\_\_\_\_  
Private Agency  Voluntary  Relative  \_\_\_\_\_ Other  \_\_\_\_\_  
Name Name Name

Please answer the following if applying for a position in which one of the essential functions involves use of a company, or personal, vehicle.

Do you have a valid driving license? Yes  No  If yes, License Number & State: \_\_\_\_\_

Is the personal car you will use covered by the minimum liability required by State Law? Yes  No

Indicate any traffic convictions for moving traffic violations and any automobile accidents during the past three years: \_\_\_\_\_

Have your driving privileges ever been revoked or suspended? Yes  No  If yes, explain: \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)? Yes  No

### EDUCATION:

Name & Location Of School	Course of Study	Yrs. Completed	Diploma/ Degree	Overall GPA (4.0 scale)
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High School/ GED \_\_\_\_\_

College/University \_\_\_\_\_

Graduate School \_\_\_\_\_

Business, Vocational,  
Technical, Apprentice, etc. \_\_\_\_\_

Do you plan to continue your education? Yes  No  If yes, when? \_\_\_\_\_

Curriculum planned: \_\_\_\_\_

List any other education or training: \_\_\_\_\_

List any education honors, awards, leadership roles: \_\_\_\_\_

### EMPLOYMENT HISTORY/EXPERIENCE:

List below all present and past employment, beginning with your current or most recent employer. Please give accurate full-time and part-time records. Please provide a record of employment (including periods of unemployment) over the last ten years (or since you left school). Include any military experience or volunteer work. *You may exclude any organizations that may indicate race, religion, sex, age, national origin, citizenship, disability, veteran, or other legally protected status.*

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Ending Salary \_\_\_\_\_ per hour or week  
Phone \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Primary job responsibilities or duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Ending Salary \_\_\_\_\_ per hour or week  
Phone \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Primary job responsibilities or duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Ending Salary \_\_\_\_\_ per hour or week  
 Phone \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Primary job responsibilities or duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Ending Salary \_\_\_\_\_ per hour or week  
 Phone \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Primary job responsibilities or duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

5. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Ending Salary \_\_\_\_\_ per hour or week  
 Phone \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Primary job responsibilities or duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If additional space is needed, please attach separate sheet of paper.

Please indicate any employers listed that you do not wish for us to contact.

Employer(s) #: \_\_\_\_\_ Reason(s): \_\_\_\_\_

Have you ever been discharged, or asked to resign from, a job? Yes  No  If yes, explain. \_\_\_\_\_

Have you signed an agreement regarding non-compete information, etc. with a previous employer?  
 Yes  No  If yes, would the terms of that agreement preclude or impair your performance with this  
 agency? Yes  No  Please give date(s) the agreement(s) was signed and the name of the  
 company(s): \_\_\_\_\_

### MEMBERSHIPS & SPECIAL SKILLS

List any professional, trade, business, or civic organizations to which you belong, offices held, etc. (*You may exclude any memberships which may reveal race, religion, color, sex, age, national origin, citizenship, disability, veteran, or other legally protected status.*): \_\_\_\_\_

Check or list, where appropriate, any of the following in which you are proficient.

- |  |   |  |
|--|---|--|
| PC (IBM Compatible) <input type="checkbox"/>       | Microsoft Windows <input type="checkbox"/>      | CAD or similar program(s) <input type="checkbox"/>     |
| PC (Apple/ MacIntosh) <input type="checkbox"/>     | Microsoft Word <input type="checkbox"/>         | Please list program(s): _____ <input type="checkbox"/> |
| Typewriter <input type="checkbox"/>                | Microsoft Excel <input type="checkbox"/>        | SQL <input type="checkbox"/>                           |
| Calculator/Adding Machine <input type="checkbox"/> | Microsoft Access <input type="checkbox"/>       | MAS 90 Accounting Software <input type="checkbox"/>    |
| Facsimile (FAX) <input type="checkbox"/>           | Microsoft Powerpoint <input type="checkbox"/>   | GBA Master Series Software <input type="checkbox"/>    |
| Telephone Systems <input type="checkbox"/>         | Microsoft Publisher <input type="checkbox"/>    | Networking Experience <input type="checkbox"/>         |
| Photocopier(s) <input type="checkbox"/>            | Microsoft Outlook <input type="checkbox"/>      | Server Administration <input type="checkbox"/>         |
| Filing Clerk <input type="checkbox"/>              | Clerical Supervisor <input type="checkbox"/>    | Read Blueprints/ Plans <input type="checkbox"/>        |
| Receptionist <input type="checkbox"/>              | Large Blueprint copier <input type="checkbox"/> |  |

Other Systems/Software Utilized: \_\_\_\_\_

Production/ Mobile Machinery Equipment Operated: \_\_\_\_\_

Other skills/trades (welding, plumbing, electrical, construction, maintenance, etc.): \_\_\_\_\_

Summarize any other job related skills and qualifications: \_\_\_\_\_

Please list any professional certifications or licenses: \_\_\_\_\_

In the following space, please describe briefly why you are applying for this position(s): \_\_\_\_\_

In the following space, please describe your strengths and talents and how this agency may benefit from your work here: \_\_\_\_\_

**References:** (who are not related to you and are not listed in your employment history.)

1.	Name	Address	Phone	Relationship	Yrs. known
2.	Name	Address	Phone	Relationship	Yrs. known
3.	Name	Address	Phone	Relationship	Yrs. known

**Applicant Statement**

I certify that the foregoing information is correct and complete to the best of my knowledge. I understand that any material misrepresentation or deliberate failure to respond to an inquiry on my application, or during the recruitment process, may be justification for refusal of - or if employed, termination of- employment.

I authorize such background and personal reports to be developed as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.

I understand that I may be required to work overtime as a condition of being employed.

I understand and agree that if accepted for employment, the employment relationship will be employment-at-will, i.e., my employment is not for a definite term, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Joint Sewer Agency or myself. I understand that no representative of this agency has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy, or practice of this agency may change the foregoing unless it is expressly entitled "Employment Agreement" and signed by both myself and an officer of this agency.

I understand that any job offer may be contingent upon satisfactory results of a post-offer medical examination or medical inquiry and/or a substance abuse test. If employed, at any time, I agree to abide by all present and future policies and rules of the Joint Sewer Agency.

Upon separation of employment, I authorize this agency to withhold from my final paycheck any monies owed to them by me for equipment, loans, products, services, materials, or other assets in my possession not promptly returned.

I understand that this application will remain active for a period of one year. After that time, if I desire further consideration, I will renew my application in person or by mail. I understand that I must provide proof of my legal right to work in the U.S.

I acknowledge that I understand the terms of this application and have had sufficient opportunity to read and review them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date