

# Metropolitan Water District of Salt Lake & Sandy

## APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

**AN EQUAL OPPORTUNITY EMPLOYER**

Please fully and accurately answer all questions. Incomplete applications may not be considered.

### PERSONAL IDENTIFICATION:

Name \_\_\_\_\_ Email \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_

### WORK PREFERENCE:

Salary or pay \_\_\_\_\_  
 Position desired: \_\_\_\_\_ you desire: \_\_\_\_\_ Date available for work: \_\_\_\_\_  
 List job benefits, other than wages, you expect or want in order of importance: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 Describe your prior experience related to this work: \_\_\_\_\_  
 Describe any formal schooling or training related to this work: \_\_\_\_\_  
 List any licenses, certificates or professional affiliations you may have: \_\_\_\_\_  
 List any special skills you may have (computer, machine operation, etc.): \_\_\_\_\_

### DRIVER'S LICENSE INFORMATION:

Do you have a valid drivers license? Yes \_\_\_ No \_\_\_

### AVAILABILITY FOR WORK: Please write 'yes' or 'no' in every space provided on the remainder of this page

Type of work: Part time \_\_\_\_\_ Full time \_\_\_\_\_ Temporary or short term \_\_\_\_\_  
 Shifts or time of day: Day \_\_\_\_\_ Afternoon \_\_\_\_\_ Graveyard \_\_\_\_\_ Rotating \_\_\_\_\_  
 Will you work overtime on occasion if necessary? \_\_\_\_\_ Will you work extra days in the week if necessary? \_\_\_\_\_  
 Are you now or do you expect to be engaged in any other business, employment or schooling? \_\_\_\_\_  
 Do you have any commitments or agreements with another employer that might affect your employment? \_\_\_\_\_  
 Do you have any on-going obligations or other personal commitments that would affect your work schedule? \_\_\_\_\_

### PRESENT EMPLOYMENT:

Are you presently employed? \_\_\_\_\_ Do you have to give advance notice to your present employer? \_\_\_\_\_  
 May we contact your present employer for a reference? \_\_\_\_\_

### PERSONAL:

If requested, would you be willing to take a drug/alcohol screening exam before and/or after employment as a condition of employment? \_\_\_\_\_  
 Are you at least 18 years old? \_\_\_\_\_  
 Are you legally eligible for employment in the United States? \_\_\_\_\_

### PRIOR EVENTS:

Have you ever worked for or applied for work at this company before? If yes, which position? \_\_\_\_\_  
 Have you ever been discharged for cause? \_\_\_\_\_  
 Have you ever been disciplined for absenteeism? \_\_\_\_\_ Have you ever been disciplined for tardiness? \_\_\_\_\_

### EDUCATION AND TRAINING:

	School Name City, State	Highest grade or years completed	Grade Point Average	Major Subject(s)	Special Courses
High School or GED					
College or University					
Graduate School					
Other Education					

**EMPLOYMENT RECORD:** (Give a complete account of your employment. Begin with your most recent or current employment and work back.)

1. Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Main duties \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \_\_\_\_\_ Leaving pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
What did you like about this job? \_\_\_\_\_  
What did you dislike about this job? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Main duties \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \_\_\_\_\_ Leaving pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
What did you like about this job? \_\_\_\_\_  
What did you dislike about this job? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Main duties \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \_\_\_\_\_ Leaving pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
What did you like about this job? \_\_\_\_\_  
What did you dislike about this job? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4. Other positions (including periods of military/public services)

EMPLOYER	MAIN DUTIES	FROM	TO	PAY	REASON FOR LEAVING
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**REFERENCES:** Give the name, address, and telephone number of three business references who are not related to you.

Name, Title	Phone	Business	Years Acquainted

**APPLICANT AGREEMENT:** (*Read carefully before signing*)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I hereby authorize any former employer, person, school, firm or corporation listed hereon, including the District, to answer first and all questions related to employment and agree to release from liability and hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employment. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the District. I understand that no one other than the Chair of the Board of Trustees and the General Manager, acting together, has authority to enter into any employment agreement to the contrary. I agree to take a job related physical examination, a drug/alcohol test, submit to a background check, and submit to a reference check, when requested as a condition of employment. I agree to comply with all rules of the District as a condition of employment.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_