



APPLICATION FOR EMPLOYMENT

The Downers Grove Sanitary District is an equal opportunity employer and does not discriminate against any individual in hiring or any phase of employment in accordance with the requirements of local, state and federal law.

DATE: _____

PERSONAL INFORMATION

Name: _____ Social Security Number XXX-XX-
Last First Middle (last 4 digits)

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: _____

Email: _____

Are you over the age of 18? Yes___ No___

Are you authorized to work in the U.S.? Yes___ No___

(Note that if hired, you will be required to provide proof of employment eligibility.)

Have you applied to or been employed by the Downers Grove Sanitary District before? Yes___ No___

If so, When? _____

Are you related to anyone employed by the Downers Grove Sanitary District? Yes___ No___

If so, please provide employee's name: _____

Complete the following question if the position you are applying for requires an ability to drive a motor vehicle:

Has your driver's license ever been suspended or revoked? Yes___ No___

Explanation, if necessary (Include dates of suspension or revocation; a current and complete driver's abstract is required from the applicant prior to employment): _____

If hired, would you be able to perform all functions and all necessary job assignments of the particular job which you are applying for? Yes___ No___ If not, explain: _____

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____

Salary Desired: _____

Are You Employed Now? _____
If so, may we inquire of your present employer? _____

Referral Source: DGSD Website ___ DGSD Employee ___ Facebook ___ Nextdoor ___
Career website, please name _____ Other _____

EDUCATION

	Name and Location of School	Number of Years Attended	Did You Graduate	Subjects Studied
High School	_____	_____	_____	
College	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____

GENERAL

List special skills, subjects of special study or research work which relates to your competence or ability to perform the applied-for position.

CURRENT AND FORMER EMPLOYERS (List below last four employers, starting with current, or last one first.)**1. Employer**

Dates of Employment

Address

City

State

Zip Code

Phone

Title/duties

Immediate Supervisor

Phone

Reason for leaving

2. Employer

Dates of Employment

Address

City

State

Zip Code

Phone

Title/duties

Immediate Supervisor

Phone

Reason for leaving

3. Employer

Dates of Employment

Address

City

State

Zip Code

Phone

Title/duties

Immediate Supervisor

Reason for leaving

4. Employer

Dates of Employment

Address

City

State

Zip Code

Phone

Title/duties

Immediate Supervisor

Phone

Reason for leaving

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THAT JOB? _____

REFERENCES: List three professional references who are not related to you and are not previous employers.**1. Reference**

Work phone:

Home Phone:

Email Address:

Address

City

State

Zip Code

2. Reference

Work phone:

Home Phone:

Email Address:

Address

City

State

Zip Code

3. Reference

Work phone:

Home Phone:

Email Address:

Address

City

State

Zip Code

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I UNDERSTAND THAT BY ACCEPTING THIS APPLICATION, THE DISTRICT IS NOT OBLIGATED TO PROVIDE ME EMPLOYMENT AND THAT I AM NOT OBLIGATED TO ACCEPT EMPLOYMENT IF OFFERED.

THE DISTRICT HAS A DRUG AND ALCOHOL POLICY WHICH IS AVAILABLE FOR MY REVIEW. I UNDERSTAND THAT I MUST TAKE A DRUG TEST UNDER THE DISTRICT'S DRUG AND ALCOHOL POLICY AND THAT I MUST AUTHORIZE MY PRIOR EMPLOYERS TO RELEASE ALL INFORMATION AND DOCUMENTATION REGARDING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTS RESULTS. THE APPLICANT CONSENT/REFUSAL FORM AND THE AUTHORIZATION FOR RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCES TEST INFORMATION FORM ARE AVAILABLE FOR MY REVIEW.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE DISTRICT. I UNDERSTAND THAT NO DISTRICT REPRESENTATIVE, OTHER THAN ITS GENERAL MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE GENERAL MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

SIGNATURE: _____

DATE: _____