

EMPLOYMENT DESIRED:

Position: _____ Possible Start Date: _____

Full time only _____ Part time only _____ Full time or part time _____ Temporary/Seasonal _____

Are you employed now? **Yes** **No** If so, may we inquire of your present employer? **Yes** **No**

Ever applied to the Keokuk Municipal Waterworks before? **Yes** **No** When? _____

Will you work overtime if needed? **Yes** **No**

Do you have any friend, relative, or acquaintance working for the Keokuk Municipal Waterworks? **Yes** **No**
If yes, please state name and relationship:

EDUCATION:

School Level	Name & Location	No. of Years	Did you Graduate?	Course of Study
High School				
College				
Other				

List other special training that may pertain to this position: _____

If the job requires completion of specific course of training, indicate that which you have completed: _____

If the job requires the operation of specific machinery or specific skills, list those at which you are competent: _____

Have you used various types of office equipment, including computer programs? If so, please list:

FORMER EMPLOYERS: (please list the most recent first)

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Starting Pay \$ _____ Last \$ _____
Job Title & Description of Work	Reason for leaving

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Starting Pay \$ Last \$
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May we contact your employer? { } Yes { } No

If no, please explain: _____

REFERENCES:

Name	Address	Business	Phone Number	Years Acquainted

Statement of Understanding: Read Carefully

By signing and submitting this application I am acknowledging that I understand:

that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I also understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action up to and including termination regardless of the date on which the Keokuk Municipal Waterworks discovers the violation of its policy regarding dishonesty.

that, following a contingent offer of employment, I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the Keokuk Municipal Waterworks at the post-offer stage.

that the use of illegal drugs is prohibited during employment and that following a contingent offer of employment I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening in compliance with federal and state law.

that if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

that this application will be considered only for the position I am applying for; if I wish to be considered for other positions, I must submit a new application for each position.

that this employment application and any other employee-related documents are not contracts of employment; and that unless otherwise defined by law, this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason.

that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Authorization to Release Information

I authorize the Keokuk Municipal Waterworks to make a complete investigation of me, including but not limited to, my past employment history, educational record, criminal felony convictions, motor vehicle driving records, and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Applicant Name: _____
(Please print) Last First M.I.

Signature of Applicant _____ Date ____ / ____ / ____