

**BIG PLAINS WATER SSD
EMPLOYMENT APPLICATION
1777 N. Meadow Lark Drive
Apple Valley, UT 84737
(435) 877-1190 FAX (435) 877-1192**

Lowest salary acceptable: \$_____ per month.

Type of Employment desired: Full time Part time Shift work Temporary

APPLICANT INFORMATION

Name _____ SSN: _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number: Day _____ Evening _____ Mobile _____

Do you have any relatives working for the District? No Yes,

If yes, please list: _____

Have you ever been employed by the District? No Yes

If yes, year and dept. _____

If the position for which you are applying is hazardous in nature, includes but not limited to working with or around heavy equipment or hazardous materials, are you **18** years of age or older?

No Yes

Have you ever been convicted of a felony? No Yes, Please attach explanation including dates, details and penalties for each occurrence, including dates of any probationary periods. Note: each conviction will be judged in relation to time, seriousness, circumstances, and relationship to position sought, and will not necessarily bar you from employment.

Applicant will be required to undergo drug testing as a condition of employment with the District.

VETERAN'S PREFERENCES

Are you a veteran? No Yes Do you claim Disabled Veteran Preference? No Yes

If you are claiming veteran or disabled veteran status, please provide a copy of your DD-214 showing dates of service with each application submitted.

The District provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

THE BIG PLAINS WATER SSD IS AN EQUAL OPPORTUNITY EMPLOYER

Read this application carefully. Type or print clearly in ink. You must sign and date this application and include all information requested. If more space is needed, attach an addendum using the same application format. Resumes may be submitted as an attachment but will not be accepted in lieu of the District application. Applications which include wording such as "see resume" will be rejected. Copies of college transcripts or other official documents are required when claiming college credit and must accompany your application. False statements, evidence of fraud or deceit in connection with this application will disqualify you from the selection process, and if discovered after employment, are grounds for discharge. This application and all attached documents are official records of the District and cannot be returned.

CERTIFICATES: List job related professional or trade license, certificate, or registration:

Type	State	Number
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Languages: list languages you speak read and write other than English: _____

Do you have valid Driver's License? No Yes State and Number _____

Type Speed _____ Net words/minute _____ Shorthand Speed _____ Words/ Minute _____

Have you certified your type and/or shorthand speeds with Job Service within the last 12 months? No Yes

EDUCATION AND TRAINING

Have you graduated from high school or received if no, circle highest grade completed: A high school equivalency diploma (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5 6 7 8 9 10 11 12			
COLLEGE, BUSINESS, TRADE SCHOOL OR SPECIAL TRAINING	CREDITS COMPLETED SEMESTER QUARTER HOURS HOURS	MAJOR	CERTIFICATE, DEGREE, OR YEARS ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHEN CLAIMING COLLEGE CREDIT, PLEASE ATTACH TRANSCRIPT

Employer: _____ From: _____ To: _____

Complete Address: _____ 0 Full time 0 Part time

_____ 0 Volunteer 0 Apprenticeship

Phone Number: _____ Hours per week: _____

Job Title: _____ Last Monthly Salary: _____

Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____

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REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications for the positions for which you are applying.

Name	Address	Telephone Number

**CERTIFICATION OF APPLICANT
PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING**

I hereby authorize any previous employer and references to give and release to the District any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release the District from any liability for the use of the information in considering and reviewing my application for the available position.

I also agree to allow the District to determine my competence for certain positions in departments where funds are involved, by obtaining credit, criminal and other job related information about me.

I understand that this employment application and any other District documents are not contracts of employment and that any oral or written statement to the contrary are hereby expressly disavowed.

I certify that all statements made in this application are true and complete and understand that any misrepresentation of material fact may subject me to disqualification or dismissal.

Signature: _____ Date: _____