



GREATER LAWRENCE SANITARY DISTRICT EMPLOYMENT APPLICATION

PERSONAL INFORMATION

| | | | |
|--------------------------------------------------------------------------|---------|---------------|------------------------|
| NAME | | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
| ADDRESS (number, street, building) | | | |
| CITY | | STATE | ZIP CODE |
| PHONE 1 | PHONE 2 | EMAIL ADDRESS | |
| Do you have a drivers license: Yes _____ No: _____ License Number: _____ | | | |

DESIRED EMPLOYMENT

| | | | |
|-----------------------------------------------------------------|-----------------------|----------------|--------------------|
| EMPLOYMENT TYPE | POSITION APPLYING FOR | DESIRED SALARY | DATE YOU CAN START |
| <input type="radio"/> Full Time <input type="radio"/> Part Time | | | |

Record of Education

| School | Name and Address of School | Course of Study | Date Graduated | List Diploma or Degree |
|-------------|----------------------------|-----------------|----------------|------------------------|
| Elementary | | | | |
| High School | | | Yes No | |
| College | | | Yes No | |
| Other | | | | |

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for: _____

OTHER

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (if yes, verification will be required.)

Were you previously employed by us? _____ If yes, when? _____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that federal and/or state law precludes obtaining in the pre-employment stage.)

List Below Present And Past Employment, Beginning With Your Most Recent.

| Name And Address Of Company Including Type Of Business | From | | From | | Name Of Supervisors |
|-----------------------------------------------------------|----------------------------|------|-------|------|---------------------|
| | Month | Year | Month | Year | |
| | | | | | |
| | Reason For Leaving: | | | | |
| | Describe the work you did: | | | | |
| | | | | | |

| Name And Address Of Company Including Type Of Business | From | | From | | Name of Supervisors |
|-----------------------------------------------------------|----------------------------|------|-------|------|---------------------|
| | Month | Year | Month | Year | |
| | | | | | |
| | Reason For Leaving: | | | | |
| | Describe the work you did: | | | | |
| | | | | | |

| Name And Address Of Company Including Type Of Business | From | | From | | Name of Supervisors |
|-----------------------------------------------------------|----------------------------|------|-------|------|---------------------|
| | Month | Year | Month | Year | |
| | | | | | |
| | Reason For Leaving: | | | | |
| | Describe the work you did: | | | | |
| | | | | | |

| Name And Address Of Company And Type Of Business | From | | From | | Name of Supervisors |
|-----------------------------------------------------|----------------------------|------|-------|------|---------------------|
| | Month | Year | Month | Year | |
| | | | | | |
| | Reason For Leaving: | | | | |
| | Describe the work you did: | | | | |
| | | | | | |

Professional References (not former employers or relatives)

| Name and Occupation | Address | Phone number |
|---------------------|---------|--------------|
| | | |
| | | |
| | | |

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be ground for dismissal. I hereby give permission to contact employers listed above concerning my prior work experience.

SIGNATURE: _____ DATE: _____