

KALAMAZOO LAKE SEWER AND WATER AUTHORITY

EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-6:			Date:	
Name:				
Last	First	Middle	Maiden	
Present Address:				
Number	Street	City	State	Zip
How Long:				
Telephone:		Email Address:		
Are you 18 years of age or older?				
Are you legally authorized to work in the United States?				
Position Applied For:		Days/Hours Available to Work:		
Salary Desired:		No Pref_____	Thur_____	
How many hours can you work weekly?		Mon_____	Fri_____	
Can you work holidays?		Tue_____	Sat_____	
Can you work weekends?		Wed_____	Sun_____	
Can you work nights?				
Employment Desired: <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
Are you able to perform all of the essential functions of the job for which you are applying: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
If No or Don't Know, please explain:				
When available for work?				

EDUCATION AND OTHER INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

MILITARY SERVICE

Have you ever been in the U.S. Armed Forces?
 Yes No

If yes, what is your present selective service classification?

BACKGROUND INFORMATION

Have you ever been convicted of a crime?
 No Yes

Are there any felony charges pending against you?
 No Yes

Is you answered yes to either of these questions, please give the dates, type of conviction, and any other information that may be pertinent. The Kalamazoo Lake Sewer and Water Authority may conduct a criminal history file check to determine the existence of any arrest resulting in a conviction.

Do you have a driver's license?
 Yes No

What is your means of transportation to work?

Driver's License Number: State of Issue: Operator Commercial (CDL) Chauffeur

Expiration Date:

Have you had any accidents during the past three years?	How many?
Have you had any moving violations during the past three years?	How many?

TRADE QUALIFICATIONS

List professional licenses/certificates:

OFFICE ABILITIES

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No	Word <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Yes Mac <input type="checkbox"/> No	Other skills:	

Please list two references other than relatives.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

WORK EXPERIENCE

Please list your work experience for the past ten years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Job One

Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
Phone Number:	Your Last Job Title:	To:	Finish:
Reason for Leaving (be specific):			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Job Two

Name of Employer:	Name of Last Supervisor:	Employment Dates From: To:	Salary
Complete Address:	Your Last Job Title:		Start:
Phone Number:			Finish:
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Job Three

Name of Employer:	Name of Last Supervisor:	Employment Dates From: To:	Salary
Complete Address:	Your Last Job Title:		Start:
Phone Number:			Finish:
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete this application yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who did?		

Submit a completed and signed application either by hand, mail, or email to:

The Kalamazoo Lake Sewer and Water Authority
Attn: Manager
P.O. Box 789
6449 Old Allegan Rd.
Saugatuck, MI 49453-0789

Email: manager@klswa.com

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the Kalamazoo Lake Sewer and Water Authority (hereinafter called "KLSWA"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other KLSWA practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Kalamazoo Lake Sewer and Water Authority; or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Manager or Board of the KLSWA. Both the undersigned and the Kalamazoo Lake Sewer and Water Authority may end the employment relationship at any time, without specified notice or reason. If employed, I understand that KLSWA may unilaterally change or revise their benefits, policies and procedures and such Changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give KLSWA permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release KLSWA from any liability as a result of such contact.

I also understand that (1) KLSWA has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations and written examinations as issued by the State of Michigan.

I understand that, in connection with the routine processing of your employment application, KLSWA may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, KLSWA will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of Applicant

Date:

KLSWA is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this KLSWA depends solely on your qualifications.

Thank you for completing this application form and for your interest in our organization.