

**KALAMAZOO LAKE SEWER AND WATER AUTHORITY
EMPLOYMENT APPLICATION**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR PROHIBITED DRUGS AND/OR ALCOHOL				
Please complete pages 1-6				
Name:				
Last,	First	Middle	Maiden	
Social Security Number:			You may submit SSN at time of interview.	
Present Address:				
Number	Street	City	State	Zip
How Long:				
Telephone:			Email:	
Are you 18 years of age or older?				
Are you legally authorized to work in the United States?				
Have you ever been employed by the Kalamazoo Lake Sewer & Water Authority?			Days/Hours Available to Work:	
Position Applied For:			No Pref. _____	Thur. _____
Salary Desired:			Mon. _____	Fri. _____
How many hours can you work weekly?			Tue. _____	Sat. _____
Can you work holidays?			Wed. _____	Sun. _____
Can you work weekends?		Can you work nights?	Can you work On-Call?	
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, with or without reasonable accommodation:				
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>				
If you answered No or Don't Know, please explain:				
When is the soonest you are available to work?				
Have you ever been discharged or forced to resign from a position?				If yes, provide details.
Have you ever been disciplined or discharged for absenteeism or tardiness?				If yes, provide details.

Professional Licenses and/or Certificates

List professional licenses and/or certificates, including kind of license, certificate number, State and year:

OFFICE ABILITIES

Typing <input type="checkbox"/> Yes _____ WPM <input type="checkbox"/> No	Word <input type="checkbox"/> Yes <input type="checkbox"/> No	Excel <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	Microsoft <input type="checkbox"/> Yes <input type="checkbox"/> No Mac <input type="checkbox"/> Yes <input type="checkbox"/> No	Other skills:

Please provide two references that we may contact other than relatives.

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

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
Address:		From:	Start:
Phone Number:	Job Title:	To:	Finish:
Reason for Leaving:			
Job One: 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	Salary
Address:		From:	Start:
Phone Number:	Job Title:	To:	Finish:
Reason for Leaving:			
Job Two: 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	Salary
Address:		From:	Start:
Phone Number:	Job Title:	To:	Finish:
Reason for Leaving:			
Job Three: 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you did not complete this application, who did?		

**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 contract.

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 and/or the federal government.

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, protected disability, and/or any other factor prohibited by federal and/or state law.

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

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

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

Fax: (269) 857-1565

Email: manager@klswa.com