



IOWA LAKES REGIONAL WATER

Employment Application

Date _____

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Position Applied for _____ Full-Time or Part-Time _____ Date Available _____ Desired Wage _____

Where did you hear about this employment opportunity?

Newspaper/Shopper Radio (station) _____ Internet Friend/Relative Other _____

Are you eligible to work in the United States? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Would you require any accommodation(s) in order to perform the job? Yes No If yes, explain: _____

Are you available to work overtime? Yes No Are you available to work night/weekends? Yes No

Are you subject to possible recall to work by a former employer? Yes No

Do you have a valid Driver License? Yes No Expiration Date: _____

Do you have a CDL License? Yes No If yes, list Class and Endorsements: _____

Do you have any equipment operating experience? Yes No If yes, list equipment: _____

Please list any specific skills that you have that may be applicable (including technology). _____

You may be required to perform a physical performance test on-site to confirm your ability to perform job requirements. By submitting this application, you release Iowa Lakes Regional Water and its officers and employees from any claims of personal injury arising out of physical performance testing.

EDUCATION

High School _____ City, State _____

Did you graduate? Yes No

Technical School/College/University _____ City, State _____

Did you graduate? Yes No _____ Course of Study _____ Degree

Post-Graduate Education/Other _____ City, State _____

Did you graduate? Yes No _____ Course of Study _____ Degree

Certifications/Trainings/Special Skills _____

MILITARY SERVICE

Branch _____ From _____ To _____
Rank at Discharge _____ Type of Discharge _____
If other than honorable, explain _____

WORK EXPERIENCE

MOST RECENT FIRST

Employer _____ Phone _____
City, State _____ Supervisor _____
Position Held _____ Starting Wage \$ _____ Ending Wage\$ _____
Description of Duties _____
Dates of Employment _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? Yes No

Employer _____ Phone _____
City, State _____ Supervisor _____
Position Held _____ Starting Wage \$ _____ Ending Wage\$ _____
Description of Duties _____
Dates of Employment _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? Yes No

Employer _____ Phone _____
City, State _____ Supervisor _____
Position Held _____ Starting Wage \$ _____ Ending Wage \$ _____
Description of Duties _____
Dates of Employment _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? Yes No

REFERENCES

Please list 3 professional references. (Former Employers, Persons who can vouch for your work ethic, skills, strengths & achievement)

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

ADDITIONAL INFORMATION

List any professional, trade, business or civil activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

ADDITIONAL SPACE

Additional space provided to expand on any points or questions asked previously in this application.

AFFIRMATION AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is a ground for rejection of my application, and if hired is grounds for discharge. This is true of information provided during the interview process as well. This application is valid for 30 days, and after that time I must reapply for consideration.

I authorize Iowa Lakes Regional Water to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Iowa Lakes Regional Water, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

If I am hired, I understand that either Iowa Lakes Regional Water or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Iowa Lakes Regional Water has the authority to make any assurance to the contrary.

Once employed I will be provided with company policies and understand it is my obligation to obey and stay up to date on policies. These policies may include drug testing and the ability to view my electronic communications as related to the company. Only the CEO can make changes to policy or promises to me regarding my employment.

Signature_____

Date_____

ADDITIONAL STATEMENTS OF ACKNOWLEDGEMENT AND UNDERSTANDING

Please read each statement closely and initial each to indicate you acknowledge and understand.

_____ **Equal Employment Opportunity Statement**

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Iowa Lakes Regional Water desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. Iowa Lakes Regional Water will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for Iowa Lakes Regional Water.

_____ **Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

_____ **Disclosure to Applicants Concerning Drug/Alcohol Testing**

If you are offered a position with Iowa Lakes Regional Water, you will be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this Company. The medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment. I understand periodic or reasonable suspicion testing may occur during the term of employment.

_____ **At-Will Employment**

I understand and agree that if I am employed, my employment will be "at-will," which means that Iowa Lakes Regional Water may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, Iowa Lakes Regional Water will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on Iowa Lakes Regional Water unless made in writing and signed by Iowa Lakes Regional Water's president.

_____ **Testing Authorization**

If offered a position with Iowa Lakes Regional Water, I hereby agree to any legally-permitted physical, psychological, skill, drug or medical test required by Iowa Lakes Regional Water as a condition of employment.

_____ **Investigation Authorization**

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

_____ **Company Obligation**

I understand and agree that Iowa Lakes Regional Water's acceptance of this job application does not mean that the position for which I am qualified is open (unless specifically posted) or that Iowa Lakes Regional Water has agreed to hire me. I understand that Iowa Lakes Regional Water is under no obligation to hire me as the result of accepting this completed application.

I have read and understand the above policy statements and agree to be bound by them if employed by Iowa Lakes Regional Water.

Signature _____

Date _____