Duc	kett Cre	ek	
	Sanita	ry Distr	rict
	3550 Hwy. K, O'Fall	on, Missouri 6336	Customer Service Fax: (636) 498-8100
	APPLICATI	ION FOR EMP	Engineering Fax: (636) 498-8150
PLEASE PRINT CLEARLY			Date:
Name:			
Address:			
City/state/zip:			
Telephone:	Cell phor	ne:	Bus phone:
Email address:			
Full-time O Pa	urt-time 🔘	Seasonal 🔘	Internship
PREVIOUS MILITARY EX	PERIENCE		
Are you a veteran?	If yes, branch of	service:	
Dates of service:	to		
This section to be completed check will be performed as a	* * *		hich require driving on the job. A driving record plicants.
License No:		Class of license:	
State of Issue:			
Has your license ever been a occurrence including: the of	suspended or revoke fense, date, charge,	d? place, court and ac	If yes, on a separate sheet list the details for each stion taken
EDUCATIONAL BACKGR(if necessary.	OUND: include all f	formal training pro	grams and academic degrees. Attach additional sheet
1. Name of school or prog	ram:		
Location:			Credits completed:
Degree:			Complete/graduate?
2. Name of school or prog	ram:		
Location:			Credits completed:
Degree:			Complete/graduate?

Location:	Credits completed:		
Degree:	Complete/graduate?		
4. Name of school or program:			
Location:	Credits completed: Complete/graduate?		
Degree:			
ORK EXPERIENCE: beginning with ach additional sheets if necessary	your Most Recent employment, list a complete statement of your work hist		
1. Employer:	Dates: to		
Address:			
	Salary:		
Supervisor:	Phone:		
Responsibilities:			
Reason for leaving:			
	Dates:to		
Address:			
Position:	Salary:		
Supervisor:	Phone:		
Responsibilities:			
	Dates:to		
	Salary:		
	Phone:		
Responsibilities:			

List any additional training, special qualifications, skills or honors you would like considered:

REFERENCES: List the following information for at least three references who may be contacted concerning your work history and background. **Do Not Include Relatives**

1. Name:	
Address:	
Email:	Phone:
How do you know this person?	
How long?	
2. Name:	
Address:	
Email:	Phone:
How do you know this person?	
How long?	
3. Name:	
Email:	Phone:
How do you know this person?	
How long?	
Oo you have any commitments which may restr	rict your ability to perform your job duties?
If yes, provide details:	

Do you have any objection to Duckett Creek making inquiries of your past or present employer(s) regarding your work

history?

If yes, provide details:

Have you ever been discharged or forced to resign from a position?

If yes, provide details including the name of the employer and the reason for the action taken:

Have you ever been employed by Duckett Creek?

Do you have any relatives now employed by Duckett Creek?

If yes, list names and their relationship to you:

If you are selected, how soon are you available to start?

PLEASE READ CAREFULLY BEFORE SIGNING

District policy requires an applicant, when a bona fide job offer has been made, to pass a physical examination (at the District's expense). The pre-employment examination for all candidates includes a drug screen. Failure of the applicant to consent to these inquiries and tests, and depending on the position, a credit check and background check, and skill and other applicable tests, will disqualify the applicant from present and future employment consideration by the District.

Federal law requires that the District hire only United States citizens and lawfully authorized alien workers. If vou are selected for a position with Duckett Creek, you will be required to comply with the requirements of the Immigration and Naturalization Act of 1986. This law requires you to present documentation of your identity and eligibility to work in the US and to complete a federal I-9 form. This form must be completed on the first day of employment for all employees.

It is the policy of the Duckett Creek not to discriminate on the basis of political affiliation, race, color, religion, national origin, sex, age or disability, or other status protected by law except where specific age or physical requirements constitute a bona fide occupational qualification. The job duties will be reviewed with you to determine your ability to perform the essential functions of the position.

CERTIFICATION OF THE APPLICANT – SEE ALSO SEPARATE SHEET ATTACHED. READ CAREFULLY BEFORE SIGNING.

I certify that all the answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement of material facts, or omission of any material facts, will subject me to possible disqualification or dismissal.

Date: _____

DUCKETT CREEK SANITARY SEWER DISTRICT

CERTIFICATE OF APPLICANT AUTHORIZATION

FOR RELEASE OF INFORMATION (Read carefully before signing)

I, ______, hereby certify that all statements made on or in connection with my application for employment are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of material facts can cause forfeiture on my part of all rights to employment by the Duckett Creek.

I also do hereby authorize all law enforcement agencies, the Veterans Administration, U. S. Army, U. S. Navy, U. S. Air Force, all military agencies, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools, universities, and current and prior employers, to furnish representatives of the District with any and all available information regarding me in order that they may determine my suitability for employment with the Duckett Creek.

I authorize my present and past employers to discuss my character, integrity and reputation with representatives of the District.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, by the persons and entities described herein that may or may not be on their records and release such persons and entities from all liability for any damage whatsoever that may issue from furnishing such information to representatives of the Duckett Creek.

A photo copy of this authorization will be considered as effective and valid as the original.

Applicant (Signature / Type Name)

Date

Driver's License Number

State of Issuance