



Danville Sanitary District
WATER POLLUTION CONTROL FACILITY

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLIGAL DRUGS

Applicant Information

(Please print in Blue or Black Ink)

Full Name: _____ Date: _____
Last _____ First _____ M.I. _____

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Position Applying for: _____

Date Available: _____ Desired Salary: \$ _____ Employment Desired: Full-time / Part-time
(Circle one)

All Danville Sanitary District employees must have a valid Driver's License.

Driver's License Number: _____ State: _____ Exp Date: _____

Have you had any accidents in the past 3 years? If so, how many? _____

Have you had any moving violations in the past 3 years? If so, how many? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Work Experience

Please list your work experience for the past five years, beginning with the most recent job held. Attach additional sheets if necessary.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Other Skills

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

References

Please list 3 professional references. Exclude relatives and former employers.

Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____		
Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____		
Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this Danville Sanitary District terminated.

Signature: _____ Date: _____