

# UPPER SOURIS WATER DISTRICT EMPLOYMENT / JOB APPLICATION

## PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER (SSN):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATE AVAILABLE:** \_\_\_\_\_ **DESIRED PAY:** \$ \_\_\_\_\_  HOUR  SALARY

**POSITION APPLIED FOR:** \_\_\_\_\_

**EMPLOYMENT DESIRED:**  FULL-TIME  PART-TIME  SEASONAL

## EMPLOYMENT ELIGIBILITY

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?**  YES  NO

**HAVE YOU EVER WORKED FOR THIS EMPLOYER?**  YES  NO **IF YES, START AND END DATES:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**  YES\*  NO **IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

## EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **GRADUATE?**  YES  NO  DIPLOMA  GED

**COLLEGE:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**GRADUATE?**  YES  NO **DEGREE:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**DEGREE/CERTIFICATION:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**DEGREE/CERTIFICATION:** \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**EMPLOYER 1:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MILITARY SERVICE**

**ARE YOU A VETERAN?**  YES  NO **BRANCH:** \_\_\_\_\_ **RANK AT DISCHARGE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **TYPE OF DISCHARGE:** \_\_\_\_\_

**IF NOT HONORABLE, PLEASE EXPLAIN:** \_\_\_\_\_

**BACKGROUND CHECK / DRUG TEST CONSENT**

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?**  YES  NO

**IF ASKED, ARE YOU WILLING TO CONSENT TO A DRUG TEST?**  YES  NO

**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**APPLICATION SUBMISSION**

ATTACH ADDITIONAL COVER LETTER AND/OR RESUME OUTLINING YOUR QUALIFICATIONS AND SKILLS FOR THE JOB YOU ARE APPLYING AND SUBMIT YOUR COMPLETED APPLICATION ONE OF THREE WAYS:

- 1) SCAN AND EMAIL TO RURALWATER@UPPERSOURISWATER.COM
- 2) MAIL TO UPPER SOURIS WATER DISTRICT, POB 397, KENMARE, ND 58746
- 3) DROP OFF AT THE DISTRICT OFFICE: 43601 506<sup>TH</sup> ST NW, KENMARE, ND 58746