

APPLICATION WINTERS CEMETERY DISTRICT

*We are an Equal Opportunity Employer
Application only active for 90 days*

Please answer all questions. Resumes are not a substitute for a completed application.

Please Print Clearly:

Applicant Name _____ Position Applied For _____ (list only one)

Telephone Number () _____ Alternate/Cellular Telephone Number () _____

Present Address _____ Apt./Unit No. _____

Street

How long have you lived there ___/___ Years/Months

City

State

Zip

Email Address (if available) _____

Type of employment desired? Full-time ___ Part-time ___ (Specify Available Hours) _____

Are you willing to work overtime? Yes ___ No ___ Date on which you can start work if hired _____

If hired, would you have a reliable means of transportation to and from work? Yes ___ No ___

Are you at least 18 years old? Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes ___ No ___

If no, describe the functions that cannot be performed:

(Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you previously applied for employment with the District? Yes ___ No ___

If Yes, when and where did you apply? _____

Have you ever been employed by the District? Yes ___ No ___

If Yes, provide dates of employment, location and reason for separation from employment. _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self - employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

Employer

<i>Name</i>	<i>Street-City-State-Zip</i>	<i>Type of Business</i>
Telephone () _____	Dates Employed: From _____ To _____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, why not? _____		
Reason for Leaving _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what _____		
How much notice did you give when resigning? If none, explain. _____		

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If No, why not? _____		
Reason for Leaving _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what _____		
How much notice did you give when resigning? If none, explain. _____		

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times?

Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times?

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times?

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES [Optional]

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	SCHOOL	WORK RELATIONSHIP {i.e. supervisor, co-worker}	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

DRIVING INFORMATION

Do you have a current valid driver's license? Yes No If yes, License No.: _____ State: _____

Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not?

Has your license ever been suspended or revoked? Yes No If yes, explain:

Do you have personal automobile insurance? Yes No If no, explain:

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No If yes,

explain: Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

APPLICANT CERTIFICATION

Please Read Carefully, Initial Each Paragraph and Sign Below

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ I hereby authorize Winters Cemetery District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Winters Cemetery District. In addition, I understand and agree that if I am employed, my employment is "AT-WILL" and is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Winters Cemetery District, and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's designated representative.

____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

____ I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

____ I understand that the District may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the District has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the District's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the District's policies and applicable federal, state, and local law.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

The District will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Applicant Signature _____ **Date** _____