

Cordry-Sweetwater Conservancy District

8377 CORDRY DRIVE NINEVEH, IN 46164 PHONE: 317-933-2893 FAX: 317-933-3628

Cordry-Sweetwater Conservancy District (CSCD) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, sex, age, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

APPLICATION FOR EMPLOYMENT PERSONAL INFORMATION Date Name ____ First Middle Address _____ Number Street City State Zip Social Security Number: _____ Date of Birth: Telephone: Cell Phone: E-mail: Referred by: **EMPLOYMENT DESIRED** Position(s) applied for When are you available to start work? Salary desired **EDUCATION** TYPE OF NAME OF SCHOOL & **QUALIFICATION** MAJOR & **NUMBER OF** SCHOOL LOCATION **OBTAINED SPECIALISATION** YEARS **COMPLETED High School** College/ university Professional or **Graduate School**

WORK EXPERIENCE

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary			
		From	Start			
		То	Final			
	Your last job tit	Your last job title				
Reason for leaving (be specific)						
List the jobs you held, duties performed this company.	, skills used or learned, advancement	s or promotions whi	le you worked at			
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Are you currently employed?	□ Yes	□ No	
May we contact your present employer?		☐ Yes	□ No
Did you complete this application yourself?	☐ Yes	□ No	
If selected for employment are you willing t ☐ Yes ☐ No	o submit a pre-employmen	t drug screening test?	
Have you ever been convicted of a felony?		□ Yes □	l No
If yes, explain number of conviction(s), natu	,,	• • • • • • • • • • • • • • • • • • • •	ntly such offense(s)
was/were committed, sentence(s) imposed, a	and type(s) of rehabilitation	•	
Have you ever been employed by the CSCD	before?	□ Yes	□ N ₀
If yes, when?		-	
Do you have any friends or relatives employ	yed by this company?	□ Yes	□ No
If yes, please provide their names and relati	ionship to you.		
Please list below three persons not related to qualifications within the last 5 years.	o you who have knowledge		
Name		Occupatio	n
Company name	Address		
Telephone	E-mail	Years acqu	ainted
Name		Occupatio	n
Company name	Address		
Telephone	E-mail	Years acqu	ıainted
		Occupatio	n
Name			-
Name Company name	Address		

If you are hired by the CSCD, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

<u>APPLICATION FORM WAIVER – PLEASE READ CAREFULLY</u>

I certify that the facts contained in this application and accompanying resume, if any, are true and complete to the best of my knowledge. I understand that any false statements, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the CSCD.

I understand that any employment is conditioned on a background check, which may include a consumer report, an investigative consumer report, and a motor vehicle report. I authorize the CSCD to thoroughly all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the CSCD, without giving me prior notice of such disclosure. In addition, I release the CSCD, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option at the option of either myself or the CSCD. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the CSCD unless made in writing.

If I am offered employment and if the CSCD deems it a condition of my employment, I agree to submit to medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the CSCD and as permitted by the law. I consent to such examinations and tests, and I request that the examining doctor disclose to the CSCD the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if I am hired a condition of my employment will be that I abide by the CSCD's Drug and Alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the CSCD to hire. If hired, I agree to abide by all CSCD work rules, policies, and procedures. The CSCD retains the right to revise policies and procedures, in whole or in part, at any time. If I am hired as a "part time seasonal" employee, my employment shall terminate no later than October 1rst of the year in which I am hired.

Signature_		
Date	 	 <u> </u>