



# 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 \_\_\_\_\_  
           **Last**  **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** \_\_\_\_\_

**Employment desired**     **FULL-TIME ONLY**     **PART-TIME ONLY**     **SEASONAL ONLY**

**When are you available to start work?** \_\_\_\_\_

**Salary desired** \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

**WORK EXPERIENCE**

<b>Name of Employer</b> <b>Address</b> <b>City, State, Zip</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

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<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			



**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.**

**APPLICATION FORM WAIVER – PLEASE READ CAREFULLY**

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 1st of the year in which I am hired.

Signature \_\_\_\_\_

Date \_\_\_\_\_

