



APPLICANT INFORMATION											
Last Name				First Name				M.I.		Date	
Street Address								Apartment / Unit #			
City				State				ZIP			
Cell Phone				E-mail							
Start date available							Desired hourly wage	\$			
Position applied for							How were you referred to us?				
Are you authorized to work in the U.S.?				YES	NO						
				<input type="checkbox"/>	<input type="checkbox"/>						
Have you ever worked for the District?				YES	NO	If so, when?					
				<input type="checkbox"/>	<input type="checkbox"/>						
Valid IL driver's license?				YES	NO						
				<input type="checkbox"/>	<input type="checkbox"/>						
Please review the job description for the position for which you are applying and state whether you can perform the essential job functions listed therein with or without reasonable accommodation.								WITH	WITHOUT		
								<input type="checkbox"/>	<input type="checkbox"/>		
If accommodation is needed, please explain:											

EDUCATION									
High School				Address					
From		To		Did you graduate?	YES	NO	Degree		
					<input type="checkbox"/>	<input type="checkbox"/>			
College				Address					
From		To		Did you graduate?	YES	NO	Degree		
					<input type="checkbox"/>	<input type="checkbox"/>			
Other				Address					
From		To		Did you graduate?	YES	NO	Degree		
					<input type="checkbox"/>	<input type="checkbox"/>			



REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities:			
From		To	
		Reason for Leaving	
May we contact this supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please explain any gaps in employment:			



Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities:							
From		To		Reason for Leaving			
May we contact this supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please explain any gaps in employment:							
Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities:							
From		To		Reason for Leaving			
May we contact this supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please explain any gaps in employment:							
Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities:							
From		To		Reason for Leaving			
May we contact this supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please explain any gaps in employment:							



MILITARY SERVICE

Branch		From		To	
Rank at Discharge					

DISCLAIMERS AND SIGNATURE

I, _____,
(please print name)

- Hereby authorize the Yorkville-Bristol Sanitary District (YBSD) and its agents, employees or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, and all other information which may bear favorably or unfavorably upon my application for employment made to the YBSD. I further release from liability any person or persons providing or receiving any such information in connection with any pre-employment inquiries made by the YBSD as a condition of my hire.
- Certify that my answers are true and complete to the best of my knowledge.
- Understand that if this application leads to employment, false or misleading information in my application or interview may result in my release.

Yorkville-Bristol Sanitary District is an equal opportunity employer.

Signature	Date
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