



# APPLICATION FOR EMPLOYMENT

WRD considers all applicants for all positions, regardless of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, orientation, or any other legally protected status. We are an Equal Opportunity Employer.

**(Please PRINT All Information)**

Position Applied For:	Today's Date:
How did you learn of this position?:	

Last Name:	First Name:	Middle Name:
Social Security Number:	Driver's License Number / State of Issuance:	
Address:	City:	State, Zip:
Telephone(s):	Fax:	Email:

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever filed an application with WRD before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <i>(Proof of citizenship or immigration status will be required before any offer of employment may be made.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you available to work:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
On what date will you be available to begin work?:				
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you available to travel if the position requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## EMPLOYMENT EXPERIENCE

Begin with your current or most recent job.

<b>Employer:</b>	Dates Employed		Job Title:
	From:	To:	
Address:			Telephone:
Work Performed / Job Description:		Supervisor:	
		Hourly Rate / Yearly Salary	
		Start:	Final:
Reason for Leaving:			

<b>Employer:</b>	Dates Employed		Job Title:
	From:	To:	
Address:			Telephone:
Work Performed / Job Description:		Supervisor:	
		Hourly Rate / Yearly Salary	
		Start:	Final:
Reason for Leaving:			

<b>Employer:</b>	Dates Employed		Job Title:
	From:	To:	
Address:			Telephone:
Work Performed / Job Description:		Supervisor:	
		Hourly Rate / Yearly Salary	
		Start:	Final:
Reason for Leaving:			

<b>Employer:</b>	Dates Employed		Job Title:
	From:	To:	
Address:			Telephone:
Work Performed / Job Description:		Supervisor:	
		Hourly Rate / Yearly Salary	
		Start:	Final:
Reason for Leaving:			

If you require additional space, please continue on a separate sheet of paper.

**ADDITIONAL EXPERIENCE**

List professional, trade, business, or civic activities and offices held. Include any job-related military service assignments and volunteer activities. *If you wish, you may exclude any memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*


**EDUCATION**

	Name and Location of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**ADDITIONAL EDUCATION / SKILLS**

Describe any specialized training, job-related skills, qualifications, apprenticeships, and extra-curricular activities. Include any additional information you feel may be helpful to us in considering your application.


**NOTE TO APPLICANTS**

*Answer the following question only if you have been informed about the requirements of the job for which you are applying.*

Are you capable of performing with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------



## APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Should I wish to be considered for employment beyond this time period I must contact WRD to inquire as to whether or not applications are being accepted at that time and I understand that I may be required, at the discretion of WRD, to complete a new application.

In the event of employment with WRD, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of WRD.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_