

VALPARAISO WATER DEPARTMENT (VWD)

APPLICATION FOR EMPLOYMENT

If you are an applicant with a disability that you believe would prevent you, in any way from fully participating in the application process, please alert Human Resources at (219) 462-1161 immediately.

Please answer all questions completely and accurately. Incomplete applications may be rejected.

Today's Date _____

It is the policy of the Valparaiso Water Department (VWD) to provide a harassment-free and equal employment opportunity work environment for all applicants and employees without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status. The (VWD) is committed to complying with all applicable federal, state and local regulations which provide protection from discrimination for various groups of applicants and employees.

The Valparaiso Water Department (VWD) maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct, and attendance. The Valparaiso Water Department (VWD) reserves the right to investigate any suspected unethical or questionable activities and any violation of policies including, but not limited to falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, and the like. Violations of the City's policies will result in disciplinary actions which could include termination and prosecution. **The employment relationship with the Valparaiso Water Department (VWD) is at-will and employment can be terminated at any time, with or without cause of notice at the option of either the (VWD) or the employee.** Questions about these policies may be addressed to Human Resources.

PLEASE PRINT

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s) where you can be reached weekdays 8:00 a.m. – 5:00 p.m.		Social Security Number	
Position applied for	Department	Date	
How did you learn about this open position?			

1. List days/hours available for employment interviews: _____

2. Wage/Salary requirements (please specify): _____

3. Have you ever been employed with us? Yes No

If Yes, give date _____

4. Are you related to anyone who works for the Valparaiso Water Department? Yes No

If yes, give name and relationship to you _____

5. Are you currently employed? Yes No

6. Are you currently on "lay-off" status and subject to recall? Yes No

7. On what date would you be available for work? _____

8. Are you able to work: Part-Time (less than 35 hrs) Full-Time (35 or more hrs) Additional Hours
(Check all that apply) Overtime Weekends Shift Work Temporary Job

9. Are there any limitations on your work hours? Yes No
 If yes, explain _____
10. Can you travel on day or overnight trips, if a job requires it? Yes No
11. Have you ever worked under a different last name than currently used? Yes No
 If yes, please provide name _____
12. Have you ever had any job related-training in the United States military? Yes No
 If yes, please describe _____
13. Are you currently legally eligible (by reason of citizenship or legal alien status) for employment in the United States? Yes No
(Proof of eligibility to work in the US will be required upon employment)
14. If you are under 18 years of age, do you have a work permit? Yes No
15. Have you ever been convicted of a felony? Yes No
 If yes, list date(s) of conviction and the type(s) of offense(s) _____
Falsification, misrepresentation and/or omission of a felony conviction is grounds for refusal to hire, or if hired, for dismissal. A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.

EMPLOYMENT EXPERIENCE

Please list all jobs held beginning with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain _____	
Were you involuntarily terminated from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize us to contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	

Employment Experience (continued)

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

Employment Experience (continued)

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

If you need additional space for your employment experience, please attach additional sheets of paper to the application.

EDUCATION

Circle highest level completed

	Elementary	High School	Undergraduate	Graduate													
School Name																	
School Address																	
City, State, Zip																	
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Course of Study																	
Specialized training, apprenticeship, skills, etc.																	
Honors you have received																	

JOB-RELATED ACTIVITIES

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal race, color, creed, sex, national origin, age, veteran status or disability as provided by law.)

SPECIALIZED SKILLS AND QUALIFICATIONS

Summarize relevant job-related skills and qualifications you possess and/or any additional information you feel may be helpful in considering your application.

List current licensures, certifications, including drivers license, CDL license number, etc. If applicable, include date received and expiration date. If a certification or license was not issued in Indiana, please indicate the state where issued.

REFERENCES

Give names, addresses and telephone numbers of two references who can speak to your ability to perform the functions of the job for which you are applying.

ACKNOWLEDGMENT OF TERMS OF APPLICATION

Initials _____ I certify that the information contained in this application, and accompanying resume, if any, is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for refusal to hire, or if hired, dismissal. In making this application for employment, I authorize the Valparaiso Water Department (VWD) to check employment and personal references, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state, or federal agencies to provide the Valparaiso Water Department (VWD) any information they may release concerning the matters described herein or pertaining to questions herein, and I will cooperate to the extent necessary to obtain the release of this information. I understand that this investigation report of my employment history and background may be made whereby information is obtained through personal interviews and/or reference forms with third parties, law enforcement agencies prior employers, co-workers, or others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits, and mode of living, whichever may be applicable. I expressly waive in connection with any request for, or provisions of such information, any claims or cause of action including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might claim or otherwise have against the Valparaiso Water Department (VWD), its officials, employees, trustees or agents, or against any provider of information related to this application or the application process. This authorization does not include release or other prohibited use of disability and medical related information prohibited in pre-employment inquires by the Americans with Disabilities Act (ADA).

Initials _____ In the event of my employment, I agree to conform to policies of the Valparaiso Water Department (VWD) and acknowledge that these policies may be changed, interpreted, withdrawn, or added to by the (VWD) at any time, at the City's sole option and without prior notice to me. I understand that this application will be given every consideration, but its receipt does not imply that I will be employed. I understand that this employment application and any other Valparaiso Water Department (VWD) documents are not contracts of employment, and that my employment will be employment at-will and may be terminated at any time, with or without cause or notice, at the option of either the (VWD) or myself. If hired, I understand that no modification or alteration of my employment at-will status shall be valid or binding, unless it is expressly set forth in a written document by the Water Board.

Initials _____ I understand that the Valparaiso Water Department (VWD) will require me to undergo a drug test by medical staff and/or agent selected by the (VWD) as a condition of my employment. I consent to the release of my drug test result to the City. I further understand that I must successfully pass the drug test to be considered for employment with the Valparaiso Water Department (VWD). I understand that medical examinations which are job-related and consistent with the City's business necessity may be required of me once I am employed. I further release the Valparaiso Water Department (VWD), including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination. I also understand the (VWD) may maintain a restricted smoking environment.

Initials _____ I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent upon successfully completing all aspects of the post-offer pre-employment and reference checking processes.

Applicant's Signature

Date

VALPARAISO WATER DEPARTMENT (VWD)

VOLUNTARY SURVEY

To aid in our recruitment efforts and remain within our Federal and State record keeping guidelines, we would appreciate your compliance in completing the voluntary information below. This information is confidential, will be kept separate from your application and will not affect your consideration for employment.

Applicants and employees are provided with an equal employment opportunity regardless of race, color, creed, sex, national origin, age, veteran status or disability as provided by law.

(PLEASE PRINT)

TODAY'S DATE _____

Name:		
Address:		
City:	State:	Zip:
Social Security #:		
Current Job:	Male: _____	Female: _____
Check one of the following:		
<input type="checkbox"/> White (not Hispanic)	<input type="checkbox"/> Black (not Hispanic)	
<input type="checkbox"/> Hispanic <i>Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</i>		
<input type="checkbox"/> American Indian/Alaskan Native <i>Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</i>	<input type="checkbox"/> Asian/Pacific Islander <i>Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Subcontinent.</i>	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (Specify)	
Check if any of the following are applicable:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	