ROUND HILL GENERAL IMPROVEMENT DISTRICT APPLICATION FOR EMPLOYMENT

Nam	ne:		
Addr	ress:		
Towr	n, State and Zip Code:		
Tele	ephone number(s) where you wish to be contacted:		
empl origin acco requo inten	GID is committed to compliance with all federal, state, and local ployment. Prospective employees will receive consideration without in, handicap, veteran status, or physical/mental ability when experimental do not require such distinction. Consistent with the Anglest accommodations needed to participate in the application proceeded to secure information to be used for unlawful purposes.	regard to race, creed, sex, ssential job functions, as nericans with Disability, ap ess. No question on this a	age, national s reasonably pplicants may
7704	PERSONAL INFORMATIO		
1.	Position applied for:		
2.	Have you applied for employment at RHGID previously?	Yes	No
3.	Apart from religious observance, are you available for full-time w	ork? Yes	No
4.	Will you work overtime if asked?	Yes	No
5.	When will you be able to begin work?		
6.	Are you over 18 years of age? If not, employment is subject to verification of age.	Yes	No
7.	Are you legally eligible for employment in the United States? Are you a U.S. citizen?	Yes Yes	No No
8.	Can you, with or without reasonable accommodations, perform the for which you have applied?	ne job Yes	No
9.	Do you have a valid United States driver's license?	Yes	No
	Class State		
10.	Are you willing to take a medical health and physical assessmen required for each prospective employee?	t, Yes	No

Yes

No

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Are any friends or relatives employed by RHGID?

If yes, state name(s) _____

11.

EDUCATION / MILITARY / TRAINING / SKILLS

		NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?			
GRAD	UATE							
COLL	EGE							
BUSIN	IESS/TRADE							
HIGH	SCHOOL							
1.	•	in the U.S. Armed Forces? g relevant to position for which you	are applying:	Yes	No			
2.	List any training, skills or experience relevant to this position, i.e. types of equipment operated and any job related experience. Please list any professional licenses you may have in this section.							

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EMPLOYMENT HISTORY

Please provide accurate and complete information. **Begin with your present or most recent employer**. We may contact the employers listed unless you indicate otherwise.

Company Name:					
Address/Town:					
Telephone:				Supervisor:	
Dates employed:	From:			To:	
Job Title:					
Reason for leaving:					
May we contact this employer:		Yes	No		
Company Name:					
Address/Town:					
Telephone:				Supervisor:	
Dates employed:	From:			To:	
Job Title:					
Reason for leaving:					
May we contact this e	•	Yes	No		
Company Name:					
Address/Town:					
Telephone:				Supervisor:	
Dates employed:	From:			To:	
Job Title:					
Reason for leaving:					
May we contact this	employer:	Yes	No		

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Company Name:						
Address/Town:						
Telephone:				Supervisor:		
Dates employed:	From:			To:		
Job Title:						
Reason for leaving:						
May we contact this e	employer:	Yes	No			
		PLEASE READ	CARELII	I V		
The information provided in this application for employment is true, correct, and complete. I understand that any misstatement or omission of fact on this application will be sufficient reason for either refusal to hire or termination from employment. I understand that acceptance of an offer of employment does not create a contractual obligation with RHGID to continue to employ me in the future, and that RHGID is an "at will" employer. I understand						
that either RHGID or I may terminate employment at any time, without prior notice, and with or without cause. I understand that RHGID may obtain employment, education, military, credit, insurance, and law enforcement history. I authorize RHGID to do so, and all persons, schools, employers, law enforcement, government entities, and credit agencies to release this information to RHGID or its agent. If a report is obtained, RHGID will provide at my request the name of the agency that furnished any report. I understand that my ability to be insured and/or bonded by the District may be a condition of employment for some positions.						
I understand that—if offered employment—I must undergo a pre-employment physical and substance abuse test by a RHGID-selected health professional, and that employment is conditional pending the results of these exams. I understand that RHGID's drug and alcohol testing policy regarding employees—includes pre-employment, reasonable suspicion, post-accident, random test, return to duty, and follow-up. Employees must participate in the drug and alcohol testing program prescribed as a condition of employment. Failure to participate and comply with program requirements may result in disciplinary action up to and including termination of employment.						
I understand that a demonstration of job-related skills for some positions may be required, and that references as listed and approved above will be contacted.						
Signature:		Da	te of applic	cation:		

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