

EMPLOYMENT CONTINUED

Company Name _____ City/State _____ Contact Person (Optional) _____ Phone (Optional) _____

Position/Title: _____ Start (mm/yy) ____/____ End (mm/yy) ____/____

Duties Performed: _____

Supervisor's Name and Title: _____

Reason for leaving: _____

May we contact them? Yes No

Company Name _____ City/State _____ Contact Person (Optional) _____ Phone (Optional) _____

Position/Title: _____ Start (mm/yy) ____/____ End (mm/yy) ____/____

Duties Performed: _____

Supervisor's Name and Title: _____

Reason for leaving: _____

May we contact them? Yes No

Company Name _____ City/State _____ Contact Person (Optional) _____ Phone (Optional) _____

Position/Title: _____ Start (mm/yy) ____/____ End (mm/yy) ____/____

Duties Performed: _____

Supervisor's Name and Title: _____

Reason for leaving: _____

May we contact them? Yes No

CERTIFICATIONS AND AGREEMENTS

With my signature, I certify that:

- All of the information I have given on this form and on any attachments that I have provided is true and correct.
- I acknowledge that any offer of employment I receive will be conditioned upon successful completion of testing for illegal drugs. If such testing indicated that illegal drugs are present in my body, the North Park Public Water District (the District) will not offer me the job for which I have applied.
- I have read and understand the job description for which I have applied. I can perform all of the essential functions, use the necessary tools and equipment and work under the conditions indicated in the job description.
- In conformity with federal law, I will submit proof that I am a U.S. citizen or that I have a visa which permits me to work in the U.S. no more than three working days after I start, if hired by the District.
- I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment.
- I understand, if hired, my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the District at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing and signed by me and a duly-authorized representative of this employing organization.

Signature: _____ Date: _____

Authorization to Seek and Obtain References Regarding Employment

I hereby authorize the District to contact and seek references from my previous employer(s). _____
Initial

I hold: the District, its trustees, officials, employees, agents and their heirs, the employers I have authorized the District to contact, their officers, officials, employees, agents and their heirs harmless for any and all liability to which they might possibly be exposed because of discussion of my past employment or any information that is released regarding such employments. Provided such information is true to the best of their knowledge at the time of the District's inquiry.

Signature: _____

Date: _____



**NORTH PARK
WATER**