



Application for Employment

We are pleased that you are interested in applying for a position with our Company. Watershed Committee of the Ozarks is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, religion, sex, gender, sexual orientation, ancestry, pregnancy, medical condition, age, marital status, national origin, citizenship status, disability, veteran status, gender identity (including transgender status), genetic information, or any other basis prohibited by applicable local, state, or federal law. No question on this form is intended to secure information to be used for such discrimination.

Personal Information: Please print in ink.

Position(s) applying for _____

Date _____ ☐ Full Time ☐ Part Time ☐ Full Time Seasonal ☐ Part Time Seasonal ☐ Internship

Name _____ E-mail Address _____
Last First Middle Initial

Preferred Name _____ Telephone (____) _____ Daytime Number (____) _____

Address _____
Street or PO Box City State Zip

Have you ever worked under a different name? ☐ Yes ☐ No If yes, what name? _____

Have you ever been employed by us? ☐ Yes ☐ No If yes, when? _____

Do you have any relatives working here? ☐ Yes ☐ No If yes, indicate name and relationship: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Note: Proof of eligibility will be required within three working days of employment.

Are you capable of performing the essential functions required for the position for which you are applying with or without an accommodation? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please give the date(s) and details: _____

Note: Answering "Yes" to the question above does not result in employment ineligibility. Factors such as recency and nature of the offense as well as job relevance will be taken into consideration.

Education and Training:

	Name and Location of School	Course of Study	Last Grade Completed	Did you Graduate?	Degree, Diploma, GED, Certificate or other
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Skills, Training or Qualifications: Describe any computer skills, specialized skills, training and qualifications you possess and/or internships you feel are relevant to the position for which you are applying.

Employment Experience: Beginning with your most recent position, enter your employment information here.

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current or Most Recent Employer		Supervisor's Name & Title
Address		Dates Employed (indicate month/year) From: _____ To: _____
Telephone Number	Job Title	Average Hours Worked Per Week
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____
Describe Major Work Duties		

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer		Supervisor's Name & Title
Address		Dates Employed (indicate month/year) From: _____ To: _____
Telephone Number	Job Title	Average Hours Worked Per Week
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____
Describe Major Work Duties		

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer		Supervisor's Name & Title
Address		Dates Employed (indicate month/year) From: _____ To: _____
Telephone Number	Job Title	Average Hours Worked Per Week
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____
Describe Major Work Duties		

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer		Supervisor's Name & Title
Address		Dates Employed (indicate month/year) From: _____ To: _____
Telephone Number	Job Title	Average Hours Worked Per Week
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____
Describe Major Work Duties		

Professional References: Please provide the names and telephone numbers of additional supervisors, coworkers, or other individuals that may be contacted to provide a reference.

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Availability: Please list your availability for work, including the day(s) of the week and specific time(s) of the day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available	_____	_____	_____	_____	_____	_____	_____

How many hours per week would you like to work? _____ On what date would you be available for work? _____

Rate of pay expected \$ _____ (per hour or annualized salary)

How did you hear about a position with us? _____

Applicant's Statement: Please read statements below carefully before signing this employment application disclosure.

I certify that the answers provided on this application are true, accurate and complete. I understand that any false information, omissions, or misleading information contained in this application or during the interview process, may be grounds for refusal to hire or may result in immediate termination. I acknowledge the confidential nature of the Company's business and agree to maintain the confidentiality of the business affairs of the Company and its customers, at all times, before, during and after my employment.

I acknowledge that an offer and acceptance of employment is of an "**at will**" nature, which means that I may resign at any time and the employer may discharge me at any time with or without cause. I further understand that no supervisor, manager or representative of Watershed Committee of the Ozarks has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to these terms of employment, except such person or persons to whom such authority has been specifically granted by Watershed Committee of the Ozarks.

I understand that Watershed Committee of the Ozarks reserves the right to conduct random drug testing. For employment purposes and with my prior written consent, the Company may investigate my driving record and/or obtain consumer reports on me from time to time during my employment. I understand, if hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that Watershed Committee of the Ozarks may utilize the Social Security Number Verification Service for wage reporting purposes. I understand that, if hired, a criminal background check may be conducted and my employment is contingent upon the results of that check as it pertains to my job duties.

I understand that my application for employment shall remain in Watershed Committee of the Ozark's active files for a period of [one] year. Active files will be purged of applications and/or resumes on file for more than one year. If I wish to extend my candidacy, I must reapply by submitting another employment application.

I hereby authorize all previous employers, to release to Watershed Committee of the Ozarks any and all information regarding my employment. In addition, I authorize Watershed Committee of the Ozarks to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of all information. I hereby further release Watershed Committee of the Ozarks, and any and all of its employees, of liability relating to, lawfully seeking and using truthful and non-defamatory information in the employment process.

I have carefully read, understand and will comply with all aspects of the employment disclosures stated in this document, and understand that completion of this application is not to be considered an offer of employment.

Signature of Applicant

Date