JOB APPLICATION

Wood River Drainage and Levee District 543 W Madison Ave, Wood River, Illinois 62095 618-254-7481

Wood River Drainage And Levee District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name: Address:			
City, State and Zip Code:			
Telephone Number:			
Email Address:			
Date of Application:			
Employment Position Position(s) applying for: Part-Tim	ne Maintenance Worker (part time)		
How did you hear about this posit	ion?		
On what date can you start workir	ng if you are hired?		
Do you have reliable transportation	on to and from work?		
Personal Information			
Have you ever applied to or worke	ed for Wood River Drainage and Levee District before?	Yes	No
If yes, when?			
Do you have any friends, relatives	s, or acquaintances working for Wood River Drainage		
and Levee District If yes, state name & relationship:	s, or acquaintanees working for Weed Pitter Brainage	Yes	No
Are you 18 years of age or older?		Yes	No
Are you a U.S. citizen or approved to work in the United States?			No
What document can you provide as proof of citizenship or legal status?			140

Will you consent to a mandatory controlled substance test?				
Do you have any condition which would require job accommodations? If yes, please describe accommodations required below.				
•	icted of a criminal offense (feld	,	Yes	No
If yes, please state the na	ture of the crime(s), when and	where convicted and o	disposition of the ca	ase:
The date of the offense,	denied employment solely on the nature of the offense, in and the surrounding circumst , however, be considered.)	ncluding any significar	nt details that affe	ect the
Job Skills/Qualifications Please list below the skills	<u>s</u> and qualifications you possess	s for the position for wh	ich you are applyir	ng:
accommodation measures	ge and Levee District complies that may be necessary for elig t a hire may be tested on skill/a a medical professional.)	gible applicants/employ	ees to perform ess	sentia
High School				
Name	Location (City, State)	Year Graduated	Degree Earne	ed
College/University				
Name	Location (City, State)	Year Graduated	Degree Earne	ed
Vocational School/Specia	alized Training			
Name	Location (City, State)	Year Graduated	Degree Earne	ed
Military:				
Are you a member of the What branch of the militar				
at Station of the militar	jana jou ormoti			

How many years did you serve in t	he military?			
What military skills do you possess that would be an asset for this position?				
Previous Employment Employer Name: Job Title: Supervisor Name: Employer Address:				
City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:				
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:				
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:				
References Please provide 3 personal and profe	essional referenc	e(s) below:		
Reference		Contact Information		

AT-WILL EMPLOYMENT

The relationship between you and the Wood River Drainage and Levee District is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Wood River Drainage and Levee District. No representative of Wood River Drainage and Levee District has authority to enter into any agreement

will," and that you acknowledge that no or employment can alter your at-will employment	ill" relationship. You understand that your employment is "at ral or written statements or representations regarding your ent status, except for a written statement signed by you and perations Officer or the Company's President.
Applicant Signature:	Dated: