



**URBANA & CHAMPAIGN
SANITARY DISTRICT**

P.O. BOX 669
URBANA, ILLINOIS 61803-0699
Phone: 217-367-3409

**AS AN APPLICANT, YOU ARE BEING CONSIDERED
TO JOIN A TEAM OF EMPLOYEES WHO ARE
COMMITTED TO THE FOLLOWING MISSION:**

The mission of the Urbana & Champaign Sanitary District is to protect public health and safety, preserve the public trust, and protect the natural environment. We accomplish this by meeting present and future community needs, efficiently collecting and treating wastewater, and retaining and developing qualified staff.

EMPLOYMENT APPLICATION

*This application will remain active for consideration for employment for a period of ninety days.
If you wish to be considered after that time, you must reapply.*

An Equal Employment Opportunity Employer.
We comply with all applicable state and federal
civil rights and equal employment laws and regulations.

NAME (Last, First, Middle) _____

POSITION _____

DATE _____

Dear Applicant:

We appreciate your interest in applying for employment with Urbana & Champaign Sanitary District. Your time is important to us. However, in order to expedite the employment process and allow us the opportunity to acquire the information necessary to initiate the application process, please take the time to complete the application in its entirety. You are welcome to include a resume if you have one. Unfortunately, we can not accept a resume in place of this application. Thank you for your cooperation.

PLEASE DO NOT TYPE

PERSONAL	LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NO.	
	PRESENT ADDRESS		CITY	STATE	ZIP	TELEPHONE NO.
	PERMANENT ADDRESS		CITY	STATE	ZIP	2nd PHONE NO./LEAVE MESSAGE
	POSITION APPLIED FOR		LONG RANGE OCCUPATIONAL GOALS:			SALARY DESIRED
	HOW WERE YOU REFERRED TO URBANA & CHAMPAIGN SANITARY DISTRICT?			ARE YOU 16 YRS. OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE FOR WORK	
	RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY URBANA & CHAMPAIGN SANITARY DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME & DEPARTMENT:					SHIFT PREFERENCE: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS
	HAVE YOU EVER BEEN EMPLOYED BY URBANA & CHAMPAIGN SANITARY DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?					WOULD YOU CONSIDER WORKING: WEEKENDS/HOLIDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					ROTATING SHIFTS <input type="checkbox"/> YES <input type="checkbox"/> NO ON CALL <input type="checkbox"/> YES <input type="checkbox"/> NO ANY SHIFT <input type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE YOU EVER BEEN CONVICTED OR BEEN GUILTY OF A MISDEMEANOR OR FELONY? (excluding misdemeanor traffic violations) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: IF SO, DATE OF CONVICTION:					ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY
	<small>A conviction does not automatically disqualify you from employment. Position applied for, time since the offense, seriousness and nature of the violation and rehabilitation will be taken into account, except as required by state or federal law. "The applicant is not required to disclose sealed or expunged records of conviction or arrest."</small>					

EDUCATION/SKILLS	SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
	HIGH			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	OTHER Business College, Other Special Courses								
	AREA OF SPECIALIZATION OR MAJOR INTEREST						TYPING: APPROX. WPM		
							PC OR CRT EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		
	LIST BUSINESS OR INDUSTRIAL EQUIPMENT OPERATED:								
	PROFESSIONAL LICENSES AND/OR CERTIFICATIONS								
	ARE YOU CURRENTLY: <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED ELIGIBLE FOR: <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION								
IF LICENSED OR CERTIFIED	TYPE	STATE ISSUED	DATE						NO.
	TYPE	STATE ISSUED	DATE						NO.
	TYPE	STATE ISSUED	DATE						NO.

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH THE MOST RECENT EMPLOYER FIRST.	FROM MONTH/YR.	TO MONTH/YR.	IMMEDIATE SUPERVISOR	LAST SALARY (Hourly, Monthly or Yearly)
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JOB TITLE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____

DUTIES: _____

REASON FOR LEAVING: _____

PLEASE LIST THE EMPLOYERS YOU DO NOT GIVE US PERMISSION TO CONTACT, AND THE REASON WHY.

FOR REFERENCE PURPOSES, IF YOU WERE KNOWN BY A DIFFERENT NAME AT ANY OF THE EMPLOYERS LISTED ABOVE, PLEASE INDICATE THE NAME AND THE EMPLOYER.

May we run a detailed employment check, including but not limited to a check, with your previous employers? YES NO PLEASE SIGN HERE TO AUTHORIZE REFERENCE CHECK

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS.

PREVIOUS EXPERIENCE

DID YOU SERVE IN THE U.S. ARMED SERVICES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHAT BRANCH?
HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHERE?
BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH VOLUNTEER OR MILITARY SERVICE: (Include Dates)			

REFERENCES	LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS: (CO-WORKERS AND RECENT INSTRUCTORS ARE ACCEPTABLE)			
	NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

SIGNATURE	CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW	
	<p>I consent to any medical examination required by Urbana & Champaign Sanitary District at any time to determine my ability to perform the essential duties of my job or other jobs with Urbana & Champaign Sanitary District and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete an alcohol/drug screening as a condition of employment.</p>	
	<p>I understand that my employment can be terminated at any time and for any reason, at the option of either Urbana & Champaign Sanitary District or myself. I understand that no one has any authority to enter any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing except for a written employment agreement signed by an administrative representative of Urbana & Champaign Sanitary District.</p>	
	<p>I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.</p>	
	<p>I hereby authorize Urbana & Champaign Sanitary District to run a detailed employment check including, but not limited to, a check with my previous employers.</p>	
	<p>I hereby authorize persons, schools, law enforcement agencies, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Urbana & Champaign Sanitary District and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.</p>	
<p>I understand and agree that if hired, I will be requested to provide certain forms of identification to prove eligibility to work in the United States.</p>		
Date _____	Signature _____	

FOR OFFICE USE ONLY	
TO BE COMPLETED AFTER EMPLOYED	
IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNION <input type="checkbox"/> NON-UNION
STARTING DATE	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT PHYSICAL DATE _____ TIME _____
DEPARTMENT	DRUG SCREEN DATE _____ TIME _____
POSITION/JOB TITLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME
STARTING SALARY/GRADE	EMPLOYEE NUMBER
COMMENTS:	

URBANA & CHAMPAIGN SANITARY DISTRICT
P.O. Box 669
Urbana, IL 61803
Phone No: 217-367-3409

THE FOLLOWING MUST BE COMPLETED AS A PART
OF YOUR APPLICATION FOR EMPLOYMENT

As a condition of employment it is required that you establish permanent residency within twenty miles of the corporate limits of the Sanitary District. If you are uncertain about whether your current residence meets this requirement, the District can provide you with a map to assist you in making a determination.

Do you currently reside within twenty miles of the corporate limits of the Sanitary District? _____

The District will require you to establish residency within twenty miles of the District's corporate limits within six months from your first day of employment.

If you do not currently reside within twenty miles of the corporate limits of the Sanitary District, will you relocate within 6 months if offered a position of employment? _____

Signature

Date

Printed Name

**URBANA & CHAMPAIGN SANITARY DISTRICT
EMPLOYMENT DATA RECORD**

During all phases of the employment process applicants are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer, the District must comply with government regulations, including Equal Employment Opportunity responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not part of your Application for Employment of personal file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT EFFECT ANY EMPLOYMENT DECISION

VOLUNTARY SURVEY (please print)

Name		Date	
Address			
City	State	Zip	
Social Security No:			

Government agencies at times require periodic reports on sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Equal Employment Opportunity program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Current Job
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check one of the descriptions below corresponding to the ethnic group with which you most identify: <ul style="list-style-type: none"> <input type="checkbox"/> White (Not Hispanic or Latino) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American (Not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) <input type="checkbox"/> Asian (Not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)
Check if any of the following are applicable: <ul style="list-style-type: none"> <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped
Birthdate