

**ROSEBURG URBAN SANITARY AUTHORITY  
APPLICATION FOR EMPLOYMENT**

This employment screening form is intended for use in evaluating your qualifications for employment. By giving permission to check the references and information described below, you are assisting RUSA in your evaluation. All qualified applicants will receive consideration without discrimination because of gender, religion, marital status, race, age, creed, national origin, disability or any other legally protected status. A criminal conviction will not necessarily bar an applicant from employment. In accordance with RUSA policy, any information regarding a criminal conviction will be reviewed for job relatedness and time since last conviction.

(Please print or type)

Date of Application: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Referral Source:     Advertisement     Friend     Relative     Walk-in     Employment Agency

Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Number          Street                                  City                                  State                                  Zip Code

Mailing Address: \_\_\_\_\_  
                    Number          Street                                  City                                  State                                  Zip Code

Telephone:    DAY(    )                                  MESSAGE (    )                                  HOME (    )

Email Address: \_\_\_\_\_

Do you have a valid Oregon drivers license?                                   Yes     No

Employees of RUSA must be at least 18 years of age. Are you able to meet this requirement?     Yes     No

Are you currently employed?     Yes     No                                  If yes, may we contact your present employer?     Yes     No

Are you legally allowed and able to work in the USA?     Yes     No

Are you currently on "lay-off" status and subject to recall?     Yes     No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full time     Part time     Temporary                                   Emergency Call

(If applying for a Collection Department position, you will be required to respond to after hours emergencies and need to live within 30 minutes of the RUSA office)

**AN EQUAL OPPORTUNITY EMPLOYER**

# Employment History

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer:	<b><u>Dates Employed</u></b>	
	From                      To	Work Performed
Address:		
Telephone: (        )		
Job Title:		
Supervisor:		
Reason for Seeking Other Employment:		
Employer:	<b><u>Dates Employed</u></b>	
	From                      To	Work Performed
Address:		
Telephone: (        )		
Job Title:		
Supervisor:		
Reason for Leaving:		
Employer:	<b><u>Dates Employed</u></b>	
	From                      To	Work Performed
Address:		
Telephone: (        )		
Job Title:		
Supervisor:		
Reason for Leaving:		
Employer:	<b><u>Dates Employed</u></b>	
	From                      To	Work Performed
Address:		
Telephone: (        )		
Job Title:		
Supervisor:		
Reason for Leaving:		

# Education

	<i>Elementary</i>	<i>High School</i>	<i>College/University</i>	<i>Graduate/ Professional</i>
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

List job-related qualities, professional, trade, business, or civic activities and offices held. **(You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, handicap or other protected status):**

## References

Please provide three personal references (not relatives).

<i>Name</i>	<i>Address</i>	<i>City/State</i>	<i>Phone</i>

If you have been known by any other name(s) please list such name(s):

## SUPPLEMENT TO APPLICATION FOR EMPLOYMENT

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Please read carefully, initial each paragraph and sign below:

\_\_\_\_\_ I certify that I have answered all questions truthfully and have not withheld any information relative to  
initial my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

\_\_\_\_\_ I authorize Roseburg Urban Sanitary Authority(RUSA) to thoroughly investigate my references, work  
initial record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Roseburg Urban Sanitary authority, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I authorize Roseburg Urban Sanitary Authority to investigate whether I have a criminal record of  
initial convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Roseburg Urban Sanitary Authority has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

\_\_\_\_\_ If hired, I recognize the rules and policies of Roseburg Urban Sanitary Authority. I understand that my  
initial employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Roseburg Urban Sanitary Authority or myself. I understand that the General Manager of the company is the **only** person who will **ever** have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret **other** policies (including wages, hours and working conditions) as it deems appropriate.

\_\_\_\_\_ I understand and acknowledge that I may be required to submit to a physical examination, including a  
initial drug test. Additionally, I hereby authorize the release of the results of such an examination to Roseburg Urban Sanitary Authority for their use in evaluating my suitability for employment. Further, I release the examining facility and Roseburg Urban Sanitary Authority from any and all liability, and from any damage that may result from the release of such information.

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Date

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Signature

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# APPLICANT DATA SHEET

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, handicap, or any other legally protected status.

RUSA complies with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Sheet. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.  
**Your Cooperation is Voluntary.**

*(Please print or type)*

Date of Application: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Referral Source:      Advertisement      Friend      Relative      Walk-in      Employment Agency

Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
                            Number                      Street                      City                      State                      Zip Code

Telephone: \_\_\_\_\_ DAY (     )                      MESSAGE (     )                      HOME (     )

## Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran, and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one:            Male            Female

Check the applicable Race/Ethnic Group:      White            Black            Hispanic  
    American Indian/Alaskan Native      Asian/Pacific Islander

Check if any of the following are applicable:      Vietnam Era Veteran            Disabled Veteran  
    Handicapped Individual        Veteran