

Otter Lake Water Commission
6475 W. Montgomery Road
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Virden, IL 62690



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www.otterlakewater.net
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The Otter Lake Water Commission, ADGPTV is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, marital status, veteran status or disability.

PERSONAL:

Date ____/____/____

Name _____ Home Phone (____) _____

Mailing Address _____
(Street) (City) (State) (Zip)

Do you have any obligations, which would limit your ability to work overtime? Yes No

If yes, please explain _____

Driver's License: State _____ Class _____ Currently Valid? Yes No

EMPLOYMENT DESIRED:

Date Available to Start _____

Position applied for: _____ Salary Desired _____

Have you ever applied to the Otter Lake Water Commission, ADGPTV before? Yes No

Are you now or do you expect to be engaged in any other business or employment? Yes No

Is there any reason why you would be unable or unwilling to report to work on time every day on a regular and consistent basis? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please specify _____

Is there any reason that you would be unable to perform any of the tasks required by the position you are applying for? Yes No

If yes, please describe _____

EDUCATION:

Name and Location	Graduate	Courses Studied
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High School	Yes No	
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College	Yes No	
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Trade School	Yes No	
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If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No

If so, when, where and what course? _____

List any scholastic honors, offices held and activities involved in during high school or college?

Describe any other school or specialized training _____

MILITARY:

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

Are you a member of a reserve Organization? Yes No

WORK HISTORY

List names of employers in consecutive order with present or last employer first. Account for all period of time including military service, and any periods of unemployment. If self-employed, give firm name and supply business references.

DO NOT REFERENCE YOUR RESUME

Name of Employer: _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Nature of Business _____ Name and Title of Supervisor _____

Dates Employed: _____ Your Job Title: _____
(mm/yy) to (mm/yy)

Starting Pay / Ending Pay _____ Reason for Leaving _____

Job Duties: _____

Name of Employer: _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Nature of Business _____ Name and Title of Supervisor _____

Dates Employed: _____ Your Job Title: _____
(mm/yy) to (mm/yy)

Starting Pay / Ending Pay _____ Reason for Leaving _____

Job Duties: _____

Name of Employer: _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Nature of Business _____ Name and Title of Supervisor _____

Dates Employed: _____ Your Job Title: _____
(mm/yy) to (mm/yy)

Starting Pay / Ending Pay _____ Reason for Leaving _____

Job Duties: _____

SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name(s)

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

SPECIAL SKILLS

List any computer programs you have used: _____

What machines can you operate? _____

Use the spaces below to describe why you are interested in working for the Otter Lake Water Commission, ADGPTV and list those skills and abilities, which you feel particularly, qualify you for a position with us. If you need more space, please continue on a separate sheet of paper.

REFERENCES

Give three references, not relatives or former employers.

NAME	ADDRESS	PHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AS AN EMPLOYEE OF THE OTTER LAKE WATER COMMISSION, ADGPTV YOU AGREE AND UNDERSTAND THE FOLLOWING:

The Otter Lake Water Commission, ADGPTV may conduct investigations, including verification of prior employment history, criminal and driving records, and education. By signing this application you authorize the Otter Lake Water Commission, ADGPTV or its representative to make these investigations and you may indicate your awareness that false statements or failure to disclose information may be sufficient to disqualify you for employment, or if employed, may result in your dismissal.

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Otter Lake Water Commission, ADGPTV to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Otter Lake Water Commission, ADGPTV. I also understand that the taking of alcohol and/or drug screening tests is a condition of continued employment and refusal to take such tests when asked is grounds for my immediate termination. I further understand that no one in the Otter Lake Water Commission, ADGPTV is authorized to enter into any written and/or verbal employment contracts with me for any definite period of time without the express written consent of the General Manager and/or Water Commission Board. I also understand that, if employed, my employment is "at-will" and may be terminated by myself or by the Otter Lake Water Commission, ADGPTV at any time for any reason or no reason at all, with or without prior notice.

Signature

Date

The application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.