



## APPLICATION FOR EMPLOYMENT

Rathbun Regional Water Association (RRWA) is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, age, sex, sexual orientation, physical or mental disability, or any other characteristic protected by law. *Incomplete information could disqualify you from consideration. Please complete all applicable fields.*

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you eligible to work in the U.S? ☐ Yes ☐ No

Are you at least 18 years or older? ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No

If yes, please provide company name and any details you wish to share:

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Are you able to work overtime and non-standard hours when job duties so require? ☐ Yes ☐ No

Are you able to perform the essential functions of the position for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

### EMPLOYMENT DESIRED

Position you are interested in: \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your present employer? ☐ Yes ☐ No

If presently employed, why are you interested in leaving your current position?

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### REFERRAL SOURCE

How did you hear about this position at RRWA? \_\_\_\_\_

Have you ever worked for RRWA before? ☐ Yes ☐ No

Do you have relatives or friends who work for RRWA? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

**EDUCATION AND TRAINING**

Level	Name and Location of School	No. of Years. Attended	Degree Received	Course of Study
High School				
College				
Other				

Do you hold any certifications, licenses, or other credentials associated with the position for which you are applying? \_\_\_ Yes \_\_\_ No

If yes, please list: \_\_\_\_\_

Please list any special skills and abilities you possess which you feel would be beneficial to RRWA:

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Include at least the last five (5) years of employment history starting with the most recent and working backwards in time. Include periods of unemployment.

Name of Employer			Phone Number	
Location			Ending Salary	
Dates Employed	From:		To:	
Job Title				
Supervisor's Name				
Summarize Duties				
Reason for Leaving				

**EMPLOYMENT HISTORY CONTINUED**

Name of Employer		Phone Number	
Location		Ending Salary	
Dates Employed	From:		To:
Job Title			
Supervisor's Name			
Summarize Duties			
Reason for Leaving			

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Location		Ending Salary	
Dates Employed	From:		To:
Job Title			
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Name of Employer		Phone Number	
Location		Ending Salary	
Dates Employed	From:		To:
Job Title			
Supervisor's Name			
Summarize Duties			
Reason for Leaving			

## REFERENCES

Give the names of three (3) people not related to you who you have known for at least three (3) years.

Name				Years Acquainted	
Phone Number		Email Address			
Is this a personal or professional reference?			Personal		Professional
How do you know this reference?					

Name				Years Acquainted	
Phone Number		Email Address			
Is this a personal or professional reference?			Personal		Professional
How do you know this reference?					

Name				Years Acquainted	
Phone Number		Email Address			
Is this a personal or professional reference?			Personal		Professional
How do you know this reference?					

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for RRWA to hire me. If I am hired, I understand that either RRWA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no RRWA representative has the authority to make any assurance to the contrary.

I attest with my signature below that the information on this application is true and complete, and that no requested information has been concealed. Unless otherwise noted, I authorize RRWA to contact employers and references provided in this application. I understand that RRWA may, in accordance with state and federal laws, require medical examinations and drug and/or alcohol testing, request background checks, and obtain motor vehicle records of prospective employees to help determine their suitability for employment and ability to perform job-related duties. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If submitting this application by email, please type your name here.)

Please return your completed application to: **RRWA, 16166 Hwy J29, Centerville, Iowa 52544**. You may email your application to [rrwainc@rrwa.net](mailto:rrwainc@rrwa.net). If available, please include a resume with your application.

**THIS APPLICATION IS VALID FOR 120 DAYS FROM THE DATE SIGNED ABOVE.**