



# Spring Canyon Water & Sanitation District

**Employment:** List last employer first, including U.S. Military Service. If any employment was under A different name, indicate name(s): \_\_\_\_\_

May we contact your present employer:     Yes     No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_     FT     PT

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?     Yes     No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES: Please give one professional and one personal reference.**

Professional		Personal	
Name:		Name:	
Address:		Address:	
Phone:	(    )	Phone:	(    )

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Spring Canyon Water & Sanitation District to verify their accuracy and to obtain reference information on my work performance. I hereby release Spring Canyon Water & Sanitation District from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at-will and that either I or the Employer may terminate my employment at any time with or without notice or cause

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_