

Toledo Area Sanitary District

Employment Application

5015 Stickney Avenue Toledo, Ohio 43612 419.726.7891

	Applicant	Information									
Full Name:		Date:									
Present Address:	Last First	М.І.									
	Street Address	Apartment/Unit #									
Permanent Address:	City	State ZIP Code									
	Street Address	Apartment/Unit #									
Phone:	City	State ZIP Code									
Date Availat		Desired Salary:									
Position App	blied for:										
Are you a ci	tizen of the United States?	YES NO If no, are you authorized to work in the U.S.?									
Have you ev	ver worked for this company?	If yes, when? Are you 18 years of age or older? YES NO									
Do you know	v anyone currently/previously employed by TA	YES NO SD? Referred by:									
Education											
High School	: Addres	s: YES NO									
From:	To: Did you graduate										
College:	Addres	s: _YES NO									
From:	To: Did you graduate										
Other:	Addres	s: YES NO									
From:	To: Did you graduate	e? Certificate/Degree:									
	Previous	Employment									
Are you cur	rently employed? If so,	may we contact your current employer?									
Company:		Phone:									
Address:		Supervisor:									
Job Title:		Salary: <u>\$</u> Ending Salary: <u>\$</u>									
	ties:										
From:	To:	Reason for Leaving: YES NO									
May we con	tact your previous supervisor for a reference?										

Addrooot					Phone:			
Address:					Supervisor:	•		
Job Title:			Salary: <u>\$</u>		Ending Sala	ry: <u>\$</u>		
-	To:							
			IES	NO				
May we contact y	your previous superviso	r for a reference?						
Company:						Phone:		
Address:					Supervisor:			
		Starting Salary:				Ending Salary:		
_								
From:	To:			r Leaving:_ NO				
May we contact y	your previous supervisor	r for a reference?						
Which of these jc	obs did you like the best	?						
		Military	Service					
Present members	ship in the National Gua	ard or Reserves?						
Branch:				From:		To:		
			- (.				
Rank at Discharg	ge:		Type of	Discharge:				
	orable, explain:	Refe	rences					
	se list three professional					at least of	Years	
	Name	Business	Pho	ne	E-mail			
							Known	
							Known	
							Known	
							Known	
		Disclaimer a	and Signat				Known	
	s contained in this applicatio	Disclaimer a			dae and understand	l that if en		
l certify that the facts	's contained in this applicatio on this application shall be g	on are true and comple			dge and understand	d that, if en		
I certify that the facts falsified statements I authorize investiga	on this application shall be g ation of all statements contain nt and any pertinent informat	n are true and comple grounds for dismissal. ned herein and the refe	te to the best c erences listed a	of my knowled above to give	you any and all in	formation c	nployed, oncerning m	
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