

# LAKE COUNTY PUBLIC WATER DISTRICT

500 - 17th Street

Zion Illinois 60099

Telephone: (847) 746-2052

Facsimile: (847) 746-1852

e-mail: [lcpwdzion@lcpwd.com](mailto:lcpwdzion@lcpwd.com)



## APPLICATION FOR EMPLOYMENT

Employment at the Lake County Public Water District ("District") is open to all qualified applicants without regard to race, color, religion, gender, national origin, age or disability.

### APPLICANT INFORMATION

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

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

How long lived there? \_\_\_\_\_ If less than one year, provide immediate prior address:

\_\_\_\_\_

Telephone:

Home \_\_\_\_\_ Work/School \_\_\_\_\_ e-mail \_\_\_\_\_

Position For Which You Are Applying:

\_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Summer \_\_\_\_\_

Date Available \_\_\_\_\_ Minimum Desired Salary \_\_\_\_\_

Age: Are you over the age of 18? \_\_\_\_\_ yes/no

If no, give date of birth \_\_\_\_\_

Valid Drivers License:? \_\_\_\_\_ yes/no

Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you related to any employee or official of the District? \_\_\_\_\_ yes/no

If yes, state the name and relationship \_\_\_\_\_

Have you previously worked for the District? \_\_\_\_\_ yes/no

If yes, when? \_\_\_\_\_ Position? \_\_\_\_\_

Are you able to perform the essential duties of the position for which you are applying, without or with reasonable accommodation? \_\_\_\_\_ yes/no

If no, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL INFORMATION**

Type of School	School	Dates		Major	Date	
	Name and Location	From	To		Degree	Graduated
High School/GED						
College/University						
College/University						
Technical/Trade School						
Other						

List any special courses, seminars, workshops, etc., that may relate to this position:

\_\_\_\_\_

\_\_\_\_\_

Are you an Illinois certified water plant operator? \_\_\_\_\_ yes/no

If yes, what class is your certificate? \_\_\_\_\_

List any other licenses or certificates that may relate to this position:

---

---

List any other skills/experience that may relate to this position (*e.g.*, typing, computer, mechanical, plumbing, electrical, etc.)

---

---

---

List professional, trade, business or civic activities or associations to which you belong. (Exclude memberships that may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

---

---

### **EMPLOYMENT EXPERIENCE**

Please begin with your present or most recent employer and provide all information requested.

May the District contact your current employer? \_\_\_\_\_ yes/no

1) Employer \_\_\_\_\_

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

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

Telephone \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Position/Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Duties \_\_\_\_\_

Ending Salary \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

2) Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates of Employment \_\_\_\_\_  
Position/Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Duties \_\_\_\_\_  
Ending Salary \_\_\_\_\_ Hours Per Week \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

3) Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates of Employment \_\_\_\_\_  
Position/Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Duties \_\_\_\_\_  
Ending Salary \_\_\_\_\_ Hours Per Week \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

4) Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates of Employment \_\_\_\_\_  
Position/Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Duties \_\_\_\_\_

Ending Salary \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

### PROFESSIONAL REFERENCES

Please list three references that are familiar with your work history and experience. Do not list relatives, friends or personal references.

1) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Business Relationship \_\_\_\_\_

2) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Business Relationship \_\_\_\_\_

3) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Business Relationship \_\_\_\_\_

**OTHER INFORMATION**

Are you legally eligible for employment in the United States? \_\_\_\_\_ yes/no

If yes, when requested, can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? \_\_\_\_\_ yes/no

Have you ever been found in violation of any Safe Drinking Water Act or other environmental regulatory provision? \_\_\_\_\_ yes/no

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any governmental agency, law enforcement agency, or any other entity ever determined you are a security risk or denied you a security clearance? \_\_\_\_\_ yes/no

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Digital Signature

Print

Print

Submit

**Please submit your resume along with your job application.**

**Send, Email, or Fax Resume & Application to:**

The Lake County Public Water District  
500 17th St.  
Zion, IL 60099

**Email - [lcpwdzion@lcpwd.com](mailto:lcpwdzion@lcpwd.com)**

**Fax - (847) 746-1852**