



West Des Moines Water Works  
1505 Railroad Avenue  
West Des Moines, IA 50265-4300

Phone 515 222-3510  
FAX 515 222-3378  
Email Employment@wdmww.com

## APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete each page of the application. If more space is needed to complete any question, use a separate sheet of paper. An incomplete application may delay processing. Print clearly; illegible applications will not be processed.

All qualified applicants will receive consideration without discrimination because of race, creed, religion, color, sex, age, national origin, or disability. All qualified applicants with a disability that may impact the essential functions of the position sought must notify the interviewer if a reasonable accommodation may be necessary.

### Personal Information

Date \_\_\_/\_\_\_/\_\_\_ Title of position for which you are applying: \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street Apt.# City State Zip

Home Telephone # ( ) \_\_\_\_\_ Work Telephone # ( ) \_\_\_\_\_

Do you have a legal right to work full time in the United States? { } Yes { } No

Are you 18 years of age or older? { } Yes { } No

Have you worked for West Des Moines Water Works? { } Yes { } No Dates: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Do you have any relatives employed with West Des Moines Water Works? { } Yes { } No

Name & Relationship: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? (For purposes of this question, "convicted" includes found guilty, plead guilty, plead no contest, or been given a deferred sentence or judgment.) { } Yes { } No

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

(Note: A conviction will not automatically disqualify you for a particular job. The type and seriousness of the crime, the frequency of violations, the date of conviction, and your work and educational history will be considered.)

Mi:

First Name:

Last Name:

## Job Description

{ } Yes { } No

Have you been given a copy of the job description or had the requirements of the job explained to you?

{ } Yes { } No

Do you understand the requirements?

{ } Yes { } No

Can you perform the requirements of this job with or without a reasonable accommodation?

{ } Yes { } No

If the job requires, do you have the appropriate valid driver's license?

Drivers License # \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_

{ } Yes { } No

Have you had any vehicular moving violations in the past 10 years? If yes, please describe

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## Education / Training / Skills

Do you have a High School Diploma or GED? { } Yes { } No

EDUCATION	NAME & ADDRESS OF SCHOOL	YEAR GRADUATED	COURSE OF STUDY MAJOR/MINOR	DIPLOMA/DEGREE AWARDED
High School				
College / Trade School				
College / Trade School				
College / Trade School				
Other Training				

List special training, seminars, etc. which you have attended which relate to the position for which you are applying.

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List certifications and/or licenses you possess which are required for this position. Include any other related certifications and/or licenses you feel are relevant.

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List professional or trade organizations of which you are a member of which are related to this position. You may omit organizations which may indicate race, religion, etc.

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List equipment and/or machinery, related to this position which you are able to operate. (office equipment, back hoe, end loader, etc.)

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## Work History

List all employment for the last 10 years, starting with your most recent job. Account for any time period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper if necessary. You may submit a resume to supplement the information you provide below, however, you must fill out this section completely. **Writing "See Resume" is not acceptable.**

Most Recent Employer	Address	Telephone #
From:                      To:	Starting Salary:                      Ending Salary:	Starting Position:
Name and Title of Supervisor:		Ending Position:
Description of Duties:		Reason For Leaving:
Previous Employer	Address	Telephone #
From:                      To:	Starting Salary:                      Ending Salary:	Starting Position:
Name and Title of Supervisor:		Ending Position:
Description of Duties:		Reason For Leaving:
Previous Employer	Address	Telephone #
From:                      To:	Starting Salary:                      Ending Salary:	Starting Position:
Name and Title of Supervisor:		Ending Position:
Description of Duties:		Reason For Leaving:
Previous Employer	Address	Telephone #
From:                      To:	Starting Salary:                      Ending Salary:	Starting Position:
Name and Title of Supervisor:		Ending Position:
Description of Duties:		Reason For Leaving:

May we contact your present employer? { } Yes { } No