

**APPLICATION FOR EMPLOYMENT  
MADISON SUBURBAN UTILITY DISTRICT**  
P.O. Box 175 • Madison, TN 37116-0175  
108 W. Webster Street • (drop box location)  
Office 615-868-3201 • Fax 615-868-5595

Are you a relative of any current MSUD employee either by blood, marriage, or other legal action including parent, spouse, child, sibling, in-law relationship, grandchild, grandparent, aunt, uncle, niece, nephew or cousin?  
**If yes, please do not complete this application. It is District policy not to hire a relative of any current employee in any capacity.**

Madison Suburban Utility District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please PRINT clearly and fill out ALL sections.

Today's Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Are you over the age of 18? **Y** **N**

List last three previous addresses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Do you have a valid driver's license? **Y** **N**

Do you speak, write or understand any foreign languages? **Y** **N**

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.

\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with/without reasonable accommodation? **Y** **N**

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_

*NOTE: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.*

Have you ever applied to or worked for this company before? **Y** **N** If yes, when? \_\_\_\_\_

If employed, would you be able to present evidence of your U.S. citizenship or proof of your right to work in the United States? **Y** **N**

**EMPLOYMENT POSITIONS**

Position being applied for: \_\_\_\_\_

Are you available to work nights? **Y** **N**

Are you available to work weekends? **Y** **N**

Are you available to work holidays? **Y** **N**

**EDUCATION, TRAINING and EXPERIENCE**

Type of School	Name of School	Address	Number of Years Completed	Major and/or Degree
High School				
College				
Business or Trade School				

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention? If yes, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Are you currently employed? **Y** **N**

On the following pages, please list your last three work experiences beginning with your most recent job held. Even if you have attached a resume, this section must be completed.

Name of Employer Address Phone #	Name of last supervisor	Employment Dates
		From: To:
Job Title:	May we contact this employer for a reference? <b>Y</b> <b>N</b>	
List jobs, duties performed, skills used or learned while you worked here.		
Reason for leaving (be specific):		

Name of Employer Address Phone #	Name of last supervisor	Employment Dates
		From:  To:
Job Title:	May we contact this employer for a reference? <b>Y</b> <b>N</b>	
List jobs, duties performed, skills used or learned while you worked here.		
Reason for leaving (be specific):		

Name of Employer Address Phone #	Name of last supervisor	Employment Dates
		From:  To:
Job Title:	May we contact this employer for a reference? <b>Y</b> <b>N</b>	
List jobs, duties performed, skills used or learned while you worked here.		
Reason for leaving (be specific):		

**PERSONAL REFERENCES:**

Please list three personal references other than relatives or previous employers.

NAME \_\_\_\_\_ Email \_\_\_\_\_ Ph# \_\_\_\_\_

NAME \_\_\_\_\_ Email \_\_\_\_\_ Ph# \_\_\_\_\_

NAME \_\_\_\_\_ Email \_\_\_\_\_ Ph# \_\_\_\_\_

**PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. \_\_\_\_\_

I understand that if I am employed, I am free to resign at any time with or without cause or without prior notice and the employer reserves the right to terminate my employment at any time with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's general manager \_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_

I understand this is a Drug Free Workplace and that I must agree to a pre-employment drug test should an offer of employment be extended by the District and to any random drug testing for continued employment.  
\_\_\_\_\_

*A copy of a valid driver license must accompany this application. **The license must not be restricted to such extent that a prospective employee is unable to drive District vehicles.** \_\_\_\_\_*

\*This is dependent on job being applied for.\*

*Should the District extend an offer of employment, it is required that the **applicant furnish a current Motor Vehicle Report prior to start of first day of work.** A good driving record will be a condition of employment.*

\_\_\_\_\_  
\*This is dependent on job being applied for.\*

*Should the District extend an offer of employment, it is required that the applicant **furnish a copy of a high school diploma or GED equivalency prior to start of first day of work.** A copy of any other degrees or certifications will also be accepted. \_\_\_\_\_*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_