

**Portage Lake Water & Sewage Authority**  
**100 Princess Point Drive**  
**Houghton, MI 49931**  
**(906) 523-5017 – [manager@plwsa.org](mailto:manager@plwsa.org)**

**APPLICATION FOR EMPLOYMENT**

To The Applicant. We appreciate your interest in our entity and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race; color; sex; religion; national origin; age; height; weight; marital or veteran status; or disability.

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**PERSONAL**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Number) (Street) (City/State) (Zip)

Social Security No. \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_ No \_\_\_

Are you authorized to work in the United States? Yes \_\_\_ No \_\_\_

Have you been previously employed here? Yes \_\_\_ No \_\_\_ If yes, date(s) \_\_\_\_\_

Supervisor Name(s) \_\_\_\_\_

Have you filed an application before? Yes \_\_\_ No \_\_\_ If yes, date(s) \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States or in a State National Guard?  
Yes \_\_\_ No \_\_\_

Is yes, what branch? \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_

Are you in the reserves? Yes \_\_\_ No \_\_\_  
If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** (List current or most recent job first)

<b>1</b>	Employer	Dates		Work Performed
	Address	From	To	
	Job Title	Hourly Rate/Salary Starting                  Final		
	Supervisor			
	Reason for Leaving			
<b>2</b>	Employer	Dates		Work Performed
	Address	From	To	
	Job Title	Hourly Rate/Salary Starting                  Final		
	Supervisor			
	Reason for Leaving			
<b>3</b>	Employer	Dates		Work Performed
	Address	From	To	
	Job Title	Hourly Rate/Salary Starting                  Final		
	Supervisor			
	Reason for Leaving			
<b>4</b>	Employer	Dates		Work Performed
	Address	From	To	
	Job Title	Hourly Rate/Salary Starting                  Final		
	Supervisor			
	Reason for Leaving			

**EDUCATION**

	Name/Location	Years Completed	Diploma Degree	Courses of Study
<b>Elementary</b>				
<b>High School</b>				
<b>College</b>				
<b>Graduate</b>				

Vocation/Training				

Any other educational training:

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**REFERENCES** *(Do not include relatives or former employers)*

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

**ADDITIONAL INFORMATION**

Have you ever been convicted of a crime?<sup>2</sup> Yes \_\_\_\_ No \_\_\_\_

If so, where, when and nature of offense

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Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ License No. \_\_\_\_\_

State \_\_\_\_\_ (This is only applicable if the position you are applying for requires driving)

List professional, trade, business or civic activities and offices held, excluding groups the name or character of which indicates race; color; sex; religion; national origin; age; marital or veteran status; disability

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**AUTHORIZATION AND UNDERSTANDING**

**READ CAREFULLY BEFORE SIGNING**

**At-Will Employment Status**

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE ENTITY REPRESENTATIVE, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE ENTITY REPRESENTATIVE. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the entity as they are from time to time changed and that no

additional obligations can be imposed by me on the entity except those which have been acknowledged, in writing, by the Entity Representative or his/her designated representative. This provision shall be freely effective and binding on me at all times except during the specific time periods that I am subject to a written Labor Contract between the Company and a Union, and during those specific time periods the Union Labor Contract shall govern my employment.

I also agree that if I am hired for a position that requires driving for the entity then I agree to an annual review of my State Motor Vehicle Record.

I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) is known.

#### **Consent to Background Check**

I authorize this Portage Lake Water and Sewer Authority, or its agents or contractors, to investigate all statements contained in this **application**, including records of any former employers, police departments, and court records, and including credit checks and Credit scores, and other references or sources concerning me. I authorize all such references and sources (and the company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

I affirm that the information provided on this **application** (and accompanying résumé and notes, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions—oral or written—may disqualify me from further consideration for **employment** and may result in discipline or dismissal if discovered at a later date.

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Signature

Date

<sup>2</sup> Yes to this question does not necessarily disqualify an applicant for an entity position.