

Employment Application

Mail to: Human Resources Office
Community Water System
299 Lake Shore Drive
Greers Ferry, AR 72067

Personal Data

Full Name: _____ Date of Application: _____
Address: _____ Contact number: _____
Secondary number: _____ Position Applying for (if known): _____

Employment History (Most Recent First)

Employer: _____	Position Held: _____
Dates Employed: _____	Address: _____
Contact Name: _____	Position: _____ Contact Number: _____
Reason for leaving: _____	Rate of Pay: _____

Employer: _____	Position Held: _____
Dates Employed: _____	Address: _____
Contact Name: _____	Position: _____ Contact Number: _____
Reason for leaving: _____	Rate of Pay: _____

Employer: _____	Position Held: _____
Dates Employed: _____	Address: _____
Contact Name: _____	Position: _____ Contact Number: _____
Reason for leaving: _____	Rate of Pay: _____

Please explain any gap of more than 6 months in employment history: _____

Please list any licenses, certificates, or special skills that you feel would be of value to an employer: _____

If you have ever been convicted of a crime, please give brief detail (disclosure not required if sealed, expunged or erased by the court):

Incident: _____ City/State: _____ Charge: _____ Current Disposition: _____

Educational Background

High School or GED Agency: (required)	Address:	Graduated	Degree or Certification:
Name of Institution:	Address:	Graduated	Degree or Certification:
Name of Institution:	Address:	Graduated	Degree or Certification:

Work / Professional References

Name:	Telephone:	Length Known:	Position:
Name:	Telephone:	Length Known:	Position:
Name:	Telephone:	Length Known:	Position:

Please **read** and **sign** the reverse side of this application. It will **NOT** be considered for employment otherwise.

Applicant Instructions

Please read thoroughly all sections of this application. If you need assistance completing the application please notify the person who gave you the application and every attempt will be made to accommodate your needs.

Print clearly. Illegible applications will not be considered.

Complete all sections of the application. If not answering a question, please mark it N/A (not applicable) so that it is not viewed as incomplete. Provide only the requested information.

NOTE: The contact numbers on this application will be used – if they are not accurate we will not be able to contact you in the event we have need to.

Applicant Attestations (Initial each point)

___By signing below, the applicant attests that he/she is at least 18 years of age and holds, or has the ability to obtain, any required appropriate, valid, driver's license within the shortest legally allotted time.

___By signing below, the applicant acknowledges and authorizes the process of reference checking. The applicant authorizes verification of any information contained within this application and releases all former employers, persons, schools, companies and law enforcement authorities from any liability whatsoever for releasing such information.

___By signing below, the applicant acknowledges that if hired, proof of employment eligibility will be required within three working days of hire date. This is done via the I-9 (USCIS I-9, Employment Eligibility Verification).

___By signing below, the applicant acknowledges that required professional licensing requires High School Diploma or GED and that the employee has or can provide with minimum notice, proof of receipt of this educational marker.

___By signing below, the applicant acknowledges that use of illegal drugs is prohibited during employment and that if policy requires, is willing to submit to drug testing prior to and during employment.

___By signing below the applicant verifies that the statements made here on this application are true and complete. The applicant also understands that if hired, any false or incomplete information in this application will provide grounds for discharge.

___By signing below, the applicant acknowledges that nothing on this application is intended to create or imply a contractual relationship. If hired, the applicant understands that employment is at-will and may be terminated by the applicant or the company at any time with or without reason.

I, _____ acknowledge and state that I have read and completed the above application for employment and
(applicant printed name)
that it is complete and accurate to the best of my knowledge. By initial above and by signature below, I attest to these statements pertaining to my application for employment .

Signature: _____ Date: _____
(Required Applicant Signature) (Required Applicant Signature Date)

For Company Use ONLY

Reviewed By:

Name	Date	Disposition/Remarks
Name	Date	Disposition/Remarks
Name	Date	Disposition/Remarks