

CENTRAL ELMORE WATER & SEWER AUTHORITY
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS	CITY, STATE	ZIP
SOCIAL SECURITY NO.	DRIVERS LICENSE NO.	Y OR N OVER 18

DESIRED EMPLOYMENT

DESIRED POSITION	DATE AVAILABLE TO START
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____	
IF SO, WHEN? _____	
HAVE YOU EVER BEEN EMPLOYED AT THIS COMPANY? _____	
IF SO, WHEN? _____	
ARE YOU EMPLOYED NOW? _____	MAY WE CONTACT YOUR EMPLOYER? _____
WHO REFERRED YOU TO THIS COMPANY? _____	

EDUCATION

HIGH SCHOOL	CITY, STATE	Y OR N GRADUATE
DID YOU ATTEND COLLEGE? _____	IF SO, WHERE? _____	
YEARS ATTENDED? _____	COURSE OF STUDY? _____	
DID YOU GRADUATE? _____	IF SO, WHEN? _____	

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EXPERIENCE

PRESENT EMPLOYER

POSITION HELD

YEARS

STREET ADDRESS

CITY, STATE

ZIP

SUPERVISOR'S NAME AND TITLE: _____

MAY WE CONTACT YOUR SUPERVISOR? _____ IF SO, TELEPHONE NO. _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

FORMER EMPLOYER

POSITION HELD

YEARS

STREET ADDRESS

CITY, STATE

ZIP

SUPERVISOR'S NAME AND TITLE: _____

MAY WE CONTACT YOUR SUPERVISOR? _____ IF SO, TELEPHONE NO. _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

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SPECIAL SKILLS

DESCRIPTION OF COMPUTER SKILLS: _____

OTHER SKILLS: _____

REFERENCES

LAST NAME

FIRST NAME

PLACE OF EMPLOYMENT

RELATIONSHIP TO YOU

PHONE NUMBER

BEST TIME TO CALL

LAST NAME

FIRST NAME

PLACE OF EMPLOYMENT

RELATIONSHIP TO YOU

PHONE NUMBER

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OTHER

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF SO, EXPLAIN: _____

AUTHORIZATION: I CERTIFY THAT THIS FACTS CONTAINED IN THE APPLICATION ARE TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED WITHIN THIS APPLICATION. I ALSO AUTHORIZE THE REFERENCES & EMPLOYERS LISTED WITHIN THIS APPLICATION TO GIVE YOU ANY & ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT & ANY PERSONAL INFORMATION DEEMED TO PERTAIN TO THIS JOB. I RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. CONTACT ME FOR FURTHER INFORMATION.

SIGNATURE

DATE SIGNED

PRINT NAME