

# APPLICATION FOR EMPLOYMENT

Please Print



## PERSONAL

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position desired: \_\_\_\_\_ Wage required: \_\_\_\_\_

Referred by: \_\_\_\_\_ Available for shift work? Yes No Available for call-in? Yes No

Are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_ Date Available: \_\_\_\_\_

During the past ten years, have you ever been convicted of a crime other than minor traffic offense? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

*(A conviction will not necessarily automatically disqualify you from employment. )*

Have you ever worked for this Company before? Yes \_\_\_ No \_\_\_

If yes, which department? \_\_\_\_\_ Dates of employment \_\_\_\_\_

## EDUCATION

**High School:** Number of years completed. 1 2 3 4

**Diploma?** Yes \_\_\_ No \_\_\_ **GED:** Yes \_\_\_ No \_\_\_

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

**College and/or Vocational School:** Number of years completed 1 2 3 4

Name of School(s): \_\_\_\_\_ City/State: \_\_\_\_\_

Major: \_\_\_\_\_ Degrees Earned: \_\_\_\_\_

### Other Training or Degrees:

Name of School(s): \_\_\_\_\_ City/State \_\_\_\_\_

Course: \_\_\_\_\_ Certification: \_\_\_\_\_

**ADDITIONAL EXPERIENCE OR SKILLS:** List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualifications for employment, such as experience in operating heavy equipment, experience with electric motors or pumps, office and/or computer skills, military service.

**EMPLOYMENT** Start with your current or most recent position

May we contact your current employer? Yes \_\_\_\_ No \_\_\_\_

If any employment was under a different name, indicate name: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Department \_\_\_\_\_

Describe duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Department \_\_\_\_\_

Describe duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Department \_\_\_\_\_

Describe duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

**First Utility District** is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for First Utility District to hire me. If I am hired, I understand that either First Utility District or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of First Utility District has the authority to make any assurance to the contrary.

I attest with my signature below that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize First Utility District to verify their accuracy and to obtain reference information on my work performance. I hereby release First Utility District from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant: \_\_\_\_\_

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

**This application for employment is good for six (6) months only. Consideration for employment after six (6) months requires a new application.**