

# Application for Employment



**PLEASE PRINT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational-Co-Op

Date available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: ( ) \_\_\_\_\_ Cell/Other #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's license # if driving may be required in position for which you are applying: \_\_\_\_\_ State: \_\_\_\_\_

Referral Source (How did you hear about us?): \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?  Yes  No

If NO, please explain: \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If YES, give dates and position: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If YES, please provide the date(s) and details: \_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer	Telephone#	Dates Employed:	Month / Year to Month / Year
Street Address	City	State	
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most recent position):		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		Commission/Bonus/Other Compensation \$ per	
What did you like most about your position?		Compensation (Final)	
What did you like least about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities:		Commission/Bonus/Other Compensation \$ per	
Employer	Telephone#	Dates Employed:	Month / Year to Month / Year
Street Address	City	State	
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most recent position):		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		Commission/Bonus/Other Compensation \$ per	
What did you like most about your position?		Compensation (Final)	
What did you like least about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities:		Commission/Bonus/Other Compensation \$ per	
Employer	Telephone#	Dates Employed:	Month / Year to Month / Year
Street Address	City	State	
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most recent position):		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		Commission/Bonus/Other Compensation \$ per	
What did you like most about your position?		Compensation (Final)	
What did you like least about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities:		Commission/Bonus/Other Compensation \$ per	

**SKILLS AND QUALIFICATIONS**

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  E-mail \_\_\_\_\_ Years: \_\_\_\_\_

Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_

Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

**EDUCATION BACKGROUND**

Starting with your most recent school attended, provide the following information.

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**REFERENCES**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on the application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same 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 president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**READ CAREFULLY BEFORE SIGNING**

I agree that any claim or lawsuit relating to my employment with Del-Co Water Co., Inc. must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statement of limitation to the contrary.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_