

Employment Application

- ✓ Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process? Yes No

Employer MILLTOWN-WASHBURN PUBLIC WATER AUTHORITY Job Order # _____

Job Title _____

PERSONAL DATA

Name _____

Present Address _____ City _____ State _____ Zip _____

Phone () - Message Phone () - E-Mail Address _____

Driver's License: Operator CDL CDL Type _____ Endorsements _____

Are you a Veteran of Military Service Yes No

EDUCATION

High School Diploma/GED/HiSET? Yes No Post Secondary Degree? AA BA MA

Name of school beyond High School _____

Training Length _____ Date Completed _____

Major _____ Minor _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Volunteer Work _____

Licenses, Certificates, special skills, etc. _____

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

Signature: _____ Date: _____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Driving records will be checked by insurance. Have you had a DUI/DWI in the past 3 years? _____

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in Confidential File and ARE NOT a part of your Application for Employment or personnel file. PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		

Address		

City	State	Zip

Social Security No.		

Current Job		

Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age: _____		
Check One of the Following (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/ Pacific Islander
Check If Any Of The Following Are Applicable		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual

EMPLOYEE STATEMENT

I UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO CREATE ANY CONTRACTUAL OR OTHER LEGAL RIGHTS. IT DOES NOT ALTER THE AT-WILL EMPLOYMENT STATUS NOR DOES IT CREATE AN EMPLOYMENT CONTRACT.

I understand that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the Milltown-Washburn Public Water Authority or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluation my application for employment with the Milltown-Washburn Public Water Authority. A photocopy of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the general manager and that this application is the property of Milltown-Washburn Public Water Authority and will become a part of my file if I am accepted for employment.

Signature of Applicant _____

Date of Signature _____

Date of Birth _____

Social Security Number _____