American Water Works Association California-Nevada Section

### **EMPLOYMENT APPLICATION**

Dear Applicant: We deeply appreciate your interest in our company and we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Our company is committed to Equal Opportunities for all.

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Date of Application:									
Last Name: First Name:						Mic	ddle:		
Present Address									
No. & Street:				City:			State:	Zip	:
Permanent Address (	if different from prese	nt address)					1	1	
No. & Street:				City:			State:	Zip	:
Cell Phone: Home Phone: Email Address:					dress:				
May we contact you at work? The Yes In No If necessary, best time to call you at home isam/pm								ım/pm	
Are you legally eligibl	e for employment in tl	he USA?				Check	here if under 18	year	s of age
Have you previously	been employed by us?			lf yes, when a	nd for w	hom?			
Are you able to perfo accommodation?	orm the essential funct	ions of the jol	o for	which you are	e applyir	ng, either	with or without r	easo	nable
If no, please describe	any required accomm	odations.							
EMPLOYMENT D	ESIRED								
Position Applying for									
Are you applying for:									
Regular full-time work? Regular part-time work? Temporary work?									
What days and hours	are you avaisable for v	work?							
If applying for tempo	rary work, during what	t period of tim	ne wi	ill you be avail	lable?				
Are you available to w	Are you available to work weekends? Would you be available to work overtime, if necessary?								
If hired, what date ca	n you start work?	<b>I</b>							
How did you hear abo	out our company and t	his job openir	ng?						
EDUCATION, TRA	NINING, AND EXPE	RIENCE							
School	Name and Address				No. of Comple		Did you Gradua	ate?	Degree or Diploma
High School									
College/University									
College/University									
Vocational/Business									

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# California-Nevada Section

Do you have any other experience, training, qualifications, or skills that you feel make you especially su	uited for the position?
If so, please explain:	
Do you speak, write or understand any foreign languages?	I No
If yes, which language(s):	

# **EMPLOYMENT HISTORY**

You must complete this section even if you have attached a resume. Below, please list all present and past employment, starting with your most recent employer.

Ple	ease account for all periods, in	cluding dates of	unemployment.		
Name of Employer:			Type of Business:		
Address:			Phone Number:		
Your Position:			1		
Your Duties:					
Dates of Employment:	From: Month:	Year:	To: Month:	Year:	
Reason for leaving:					
May we contact this employer fo	r reference?				
Name of Employer:			Type of Business:		
Address:			Phone Number:		
Your Position:					
Your Duties:					
Dates of Employment:	From: Month:	Year:	To: Month:	Year:	
Reason for leaving:					
May we contact this employer fo	r reference?				
Name of Employer:			Type of Business:	 :	
Address:			Phone Number:		
Your Position:					

Dates of Employment:	From: Month:	Year:	To: Month:	Year:
Reason for leaving:				



American Water Works Association California-Nevada Section

May we contact this employer for reference?	

Name of Employer:			Type of Business:	
Address:			Phone Number:	
Your Position:			i	
Your Duties:				
Dates of Employment:	From: Month:	Year:	To: Month:	Year:
Reason for leaving:				
May we contact this employer for ref	erence?			

#### PERSONAL REFERNCES

Below, please list three persons not related to you who have knowledge of your character, personality, work ethics and work performance.

Name				
Address	City	State	Zip Code	
Occupation	Relationship to	o Applicant		
Telephone No. ( )	Number of yea	ars Acquainted		
Name				
Address	City	State	Zip Code	
Occupation	Relationship to	o Applicant		
Telephone No. ( )	Number of yea	ars Acquainted		
Name				

Address	City	State	Zip Code	
Occupation	Relationship to Applicant			
Telephone No. ( )	Number of years Acquai	inted		



#### **IMPORTANT!**

## PLEASE READ CAREFULLY BEFORE SIGNING

By signing below, I certify the information furnished by me in this application is true and correct without omissions of any kind. I authorize an inquiry to be made into any information provided or which may be deemed relevant to my consideration for employment. I understand the scope of the inquiry may include dates of employment, information regarding education, periods of unemployment, job progression, salary, attendance, character, qualifications, performance, reasons for leaving, and rehire eligibility.

I authorize all previous employers, schools or other persons having information concerning me to provide such information to the Company or its agents or representatives. I release from all claims or liabilities all previous employers, schools, or other persons providing such information, whether favorable or unfavorable.

If I am offered a position, I understand I will be asked to complete a separate authorization allowing the Company to obtain a consumer report and/or an investigative consumer report regarding my background and, if applicable, my credit history. I further understand I may be required to take a medical examination, when it is job related and consistent with business necessity.

I understand misrepresentation or omission of facts requested on this application will be sufficient cause for cancellation of consideration for my employment or my dismissal if I have been employed by the Company. The fact that I may have performed satisfactorily for any period of time prior to the discovery of such misrepresentation or omission shall not constitute a waiver, abandonment, or bar to the right of the Company to take such action.

I understand, if I am hired, I will be hired for an unspecified period of time and that my employment and compensation will be "at will" and may be terminated at any time by me or by the Company, with or without reason, and with or without notice. I further understand this policy of at-will employment can be changed only by a written contract signed by the President of the Company.

I have read and agree to the above statements. I further understand if I have not been hired by the Company within six months of this application and if I desire to be considered further, I must renew my application.

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

Signature of Applicant:



# **APPLICATION IDENTIFICATION RECORD**

Regulations of the California Fair Employment and Housing Commission require employers to obtain certain information from each job applicant. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. All information provided voluntarily will be used for record-keeping purposes only. Further, such information will be kept separate from the application and an employee's personnel file. Such information will not be used for any discriminatory purposes.

- 1. Gender: Male Female
- 2. Position Applied For:
- 3. Please Check One:

Hispanic or Latino White or Caucasian Black or African American Native Hawaiian or Other Pacific Islander Asian Two or More Races

- 4. National Origin:
- 5. Date: