

APPLICATION FOR EMPLOYMENT

D & M WATER SERVICE, INC..

PERSONAL

LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			HOME PHONE
CITY, STATE, ZIP			BUSINESS PHONE
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH AND YEAR _____ LOCATION _____			SOCIAL SECURITY #
POSITION DESIRED			PAY EXPECTED
ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT HOURS CAN YOU WORK? _____			WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
OTHER SPECIAL TRAINING OR SKILLS (MACHINE OPERATIONS, ETC.)			

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED?	DID YOU GRADUATE?
GRADUATE				
COLLEGE				
BUSINESS/TRADE/ TECHNICAL				
HIGH SCHOOL				
ELEMENTARY				

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
 (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION OR NATIONAL ORIGIN)

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1.

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED - (STATE MONTH AND YEAR)
NAME OF SUPERVISOR	FROM TO WEEKLY PAY
STATE JOB TITLE AND DESCRIBE YOUR WORK	START LAST REASON FOR LEAVING

2.

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED - (STATE MONTH AND YEAR)
NAME OF SUPERVISOR	FROM TO WEEKLY PAY
STATE JOB TITLE AND DESCRIBE YOUR WORK	START LAST REASON FOR LEAVING

3.

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED - (STATE MONTH AND YEAR)
NAME OF SUPERVISOR	FROM TO WEEKLY PAY
STATE JOB TITLE AND DESCRIBE YOUR WORK	START LAST REASON FOR LEAVING

4.

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED - (STATE MONTH AND YEAR)
NAME OF SUPERVISOR	FROM TO WEEKLY PAY
STATE JOB TITLE AND DESCRIBE YOUR WORK	START LAST REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.	DO NOT CONTACT NUMBER(S) _____ REASON _____
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MILITARY

DID YOU SERVE IN THE US ARMED FORCES? YES NO IF YES, WHAT BRANCH ? _____
DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING? _____ _____ _____

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DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

IF THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, THE INFORMATION REQUESTED IS NEEDED FOR A LEGALLY PERMISSIBLE REASON, INCLUDING, WITHOUT LIMITATION, NATIONAL SECURITY CONSIDERATIONS, A LEGITIMATE OCCUPATIONAL QUALIFICATION OR BUSINESS NECESSITY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. FEDERAL LAW ALSO PROHIBITS DISCRIMINATION BASED ON AGE, CITIZENSHIP AND DISABILITY. THE LAWS OF MOST STATES ALSO PROHIBIT SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS AND SEXUAL PREFERENCE.

<input checked="" type="checkbox"/>	PROVIDE DATES YOU ATTENDED SCHOOL: _____ _____	ELEMENTARY: FROM _____ TO: _____	NUMBER OF DEPENDENTS, INCLUDING YOURSELF _____
<input checked="" type="checkbox"/>	HIGH SCHOOL: FROM _____ TO _____ OTHER (GIVE NAME & DATES) _____	COLLEGE: FROM _____ TO _____	ARE YOU A VIET VETERAN? _____ SEX _____ MALE _____ FEMALE
<input checked="" type="checkbox"/>	MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ WIDOWED _____ ENGAGED _____ SEPARATED _____		DATE OF MARRIAGE _____ ARE YOU A US CITIZEN? _____ YES _____ NO
<input checked="" type="checkbox"/>	WHAT WAS YOUR PREVIOUS ADDRESS? _____ _____		HOW LONG AT PRESENT ADDRESS? _____ HOW LONG AT PREVIOUS ADDRESS? _____
<input checked="" type="checkbox"/>	BEEN BONDED? _____ YES _____ NO IF "YES" WITH WHAT EMPLOYERS?		ARE YOU OVER 18 YRS OF AGE? _____ YES _____ NO IF NOT, EMPLOYMENT IS SUBJECT TO VERIFICATION OF AGE
<input checked="" type="checkbox"/>	HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? _____ YES _____ NO IF "YES" DESCRIBE IN FULL.		
<input type="checkbox"/>	STATE NAMES OF RELATIVES AND FRIENDS WORKING FOR US, OTHER THAN YOUR SPOUSE.		
<input type="checkbox"/>			
<input type="checkbox"/>			

SIGNATURE:

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF YOU EMPLOY ME, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT CREATES NO OBLIGATION UPON YOU, THE EMPLOYER, TO CONTINUE TO EMPLOY ME IN THE FUTURE.

DATE _____

SIGNATURE _____

PERSONNEL QUESTIONNAIRE

I. Please list 3 personal references (no relatives please). Of these three references, please list at least one co-worker or past co-worker. When listing co-workers or past co-workers, please specify.:

(1) **Name:** _____ **Occupation:** _____
Address: _____ **Phone #:** _____

(2) **Name:** _____ **Occupation:** _____
Address: _____ **Phone #:** _____

(3) **Name:** _____ **Occupation:** _____
Address: _____ **Phone #:** _____

II. Would you be willing to re-locate to:
Baker **Y** **N**

III. Are you looking for long-term employment?

IV. Would you be interested in full time employment in the future? **Y** **N**

V. Please list below any standard office equipment you have worked with?
i.e. copier, fax, postage machine, scanner, etc.

VI. Identify data entry, ten key and general computer skills. Please be specific.
Also identify specific software programs you feel you have experience in.

VII. Do you feel you can prioritize efficiently, handle multiple tasks, and remain focused in a busy environment? Please explain.
