|  |  |
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| adams county regional water district  Employment Application |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | | First |  | | | | | | | | M.I. | | Date | |  | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | | | | | State |  | | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | | E-mail Address | | |  | | | | | | | | | | | |
| Date Available | | | |  | | | | | | Social Security No. | | |  | | | | | | | Desired Salary | | |  | | | |
| Position Applied for | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | YES | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | YES | | NO | | If so, when? | | | |  | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | YES | | NO | | If yes, explain | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | |  | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
| College | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
| Other | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment | | | | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
| Company | | |  | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
| Company | |  | | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | | | From | |  | To |  | |
| Rank at Discharge | | | | | |  | | | | | | | | Type of Discharge | | | | |  |
| If other than honorable, explain | | | | | | | |  | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | |
| **Please Read Before Signing:**  I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.  I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.  In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.  I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements. | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | Date |  | | |