

EMPLOYMENT / JOB APPLICATION SOUTHSIDE PUBLIC WATER AUTHORITY

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? ☐ YES ☐ NO

HAVE YOU EVER APPLIED WITH THIS EMPLOYER BEFORE? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

*IF YES, WRITE THE START AND END DATES: _____

DO YOU HAVE RELATIVES EMPLOYED BY THIS EMPLOYER? ☐ YES* ☐ NO

*IF YES, GIVE THE RELATIVE(S) NAME(S): _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

*IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN BY AN EMPLOYER? ☐ YES* ☐ NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

SPECIAL SKILLS

WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

DRIVER QUALIFICATIONS

DO YOU HOLD A VALID DRIVER'S LICENSE? ☐ YES ☐ NO

PLEASE LIST TYPE, STATE, AND NUMBER: _____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVIEGE TO OPERATE A MOTOR VEHICLE? ☐ YES ☐ NO

HAS ANY LICENSE OR PERMIT EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

IF YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS:

PREVIOUS EMPLOYMENT

EMPLOYER 1:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES

(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____