



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition, or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL

(Please Print)

Date ____ / ____ / ____

Name _____

Address _____ City _____ State ____ Zip _____

Telephone No.: (____) ____ - _____ Referred by: Our Advt.: Emp. Agency: Friend / Relative: _____

Are you of legal age to work? Yes No *(If NO, a work permit will be required.)*

Are you legally eligible for employment in the United States? Yes No *(If hired, verification will be required by law.)*

Position(s) applied for _____

Date you are available to start work: ____ / ____ / ____ Salary or wages desired: \$ _____ Hr. Year.

Have you worked for us before? Yes No *If Yes, When _____*

Position: _____

Are you employed at the present time? Yes No *If hired, will you work overtime if required? Yes No*

Have you ever been bonded in prior employment? Yes No *If Yes, list the name(s) of employer(s):*

Have you ever been convicted of a crime (excluding misdemeanors and traffic offences)? Yes No

If Yes, list convictions: (A conviction does not necessarily disqualify an applicant for the position being applied for.)

CONTINUED ON REVERSE SIDE

EDUCATION

NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	GRADUATE?
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE	MAJOR		<input type="checkbox"/> Yes <input type="checkbox"/> No
	DEGREE		
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR EMPLOYMENT (Start with most recent employer)

Employer:	Phone:	From:	To:
Address:	City:	State:	Zip:
Duties:		Position:	
Duties:		Supervisor's Name:	
Duties:		Supervisor's Title	
Reason for leaving:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Final Salary / Wages
Employer:	Phone:	From:	To:
Address:	City:	State:	Zip:
Duties:		Position:	
Duties:		Supervisor's Name:	
Duties:		Supervisor's Title	
Reason for leaving:			Final Salary / Wages
Employer:	Phone:	From:	To:
Address:	City:	State:	Zip:
Duties:		Position:	
Duties:		Supervisor's Name:	
Duties:		Supervisor's Title	
Reason for leaving:			Final Salary / Wages

Military Service

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

BUSINESS REFERENCES

NAME	EMAIL ADDRESS	RELATIONSHIP	YEARS KNOWN	TELEPHONE

The above information is true and complete to the best of my knowledge. Should I be employed by ACWWA, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. ACWWA, in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of an investigative agencies used in order that I may learn the information contained in any reports furnished to ACWWA.

I understand this application does not constitute an employment contract of any kind. Should I be employed by ACWWA, I may resign such employment any time at my discretion with or without prior notice and ACWWA may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

Date ____ / ____ / ____ Signature of Applicant _____