



**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 \_\_\_\_\_