

Application For Employment

"This institution is an equal opportunity provider and employer"

All applicants must complete this application form in full. **PLEASE PRINT CLEARLY.**
This application is void after 60 days; the applicant must re-apply after that time.

East Rio Hondo Water Supply Corporation (ERHWSC) does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, disability, veteran status, marital status, citizenship, military service, or age. No questions on this application are intended to secure information to be used for such discrimination. ERHWSC prohibits harassment in the workplace. The use of this form does not mean positions are open and does not obligate ERHWSC.

EMPLOYMENT DESIRED

Position(s) applying for: _____ Date _____

Other position(s) you would consider: _____

Type of employment desired: full-time part-time

Date you can begin work _____ Salary expected \$ _____ annual basis hourly basis

Days/hours available to work:

any time, any day Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____ Sun. _____

How many hours can you work each week? _____ Can you work nights? yes no Can you work shifts? yes no

REFERRAL SOURCE

advertisement employee relative employment agency walk-in other

Name of source _____

PERSONAL INFORMATION

Last Name _____ First Name _____ M. I. _____ Home Telephone No. () _____

Social Security No. _____

Current Home Street Address _____ City _____ State _____ Zip Code _____

County _____ Years at Current Address _____

Prior Home Street Address (if in current address under two years) _____ City _____

State _____ Zip Code _____ County _____ Years at Prior Address _____

May we contact you at work? yes no If yes, please provide the telephone number () _____

Are you 18 years of age or older? yes no Other last name(s) you used while working _____

Have you ever been convicted, entered a plea of no contest, or entered into deferred prosecution for any offense, including alcohol- or drug-related offenses? yes no (Note: Expunged or sealed records do not need to be disclosed for use in Colorado, Massachusetts, Ohio, or Virginia.)

If yes, describe the number of conviction(s), plea(s), deferred prosecution(s), the nature of the offense(s), the sentence(s) or community service imposed. This information will be considered together with the position sought, work environment, and other work-related factors in the hiring decision.

Have you ever been employed by ERHWSC? yes no

If so, where and when? _____ Supervisor? _____

Do you have any relatives working at ERHWSC? yes no

If so, who and where? _____ Supervisor? _____

Do you have a reliable means of transportation? yes no

If you are applying for a position requiring the use of an automobile, do you have a valid state driver's license yes no

If yes, type of license: operator commercial chauffeur Driver's license no. _____ State of issue _____

Have you had any accidents in the last three years? yes no

Have you had any traffic tickets/moving violations in the last three years? yes no

Has your driver's license ever been suspended or revoked? yes no If yes, please attach an explanation.

If you are applying for a licensed position, are you currently licensed and in good standing? yes no

If yes, the license registration number is _____ The state is _____ It expires _____

Has your professional license ever been suspended or revoked? yes no If yes, please attach an explanation.

EMPLOYMENT HISTORY (begin with most recent employer; please complete all information; do not refer to resume; a minimum of the past five years of prior work history, if applicable, must be detailed on the application — attach a separate sheet if necessary)

Employer's Name _____ Type of Business _____ Employed from (mo./yr.) _____
To (mo./yr.) _____ Employer's Street Address _____ City _____ State _____
Zip Code _____ Telephone No. _____
Starting Position _____ Dept. _____ Pay Rate \$ _____ annual hourly
Final Position _____ Dept. _____ Pay Rate \$ _____ annual hourly
Supervisor's name and title _____
Main duties performed _____
Reason(s) for leaving _____

If presently employed, may we contact your employer? yes no

Employer's Name _____ Type of Business _____ Employed from (mo./yr.) _____
To (mo./yr.) _____ Employer's Street Address _____ City _____ State _____
Zip Code _____ Telephone No. _____
Starting Position _____ Dept. _____ Pay Rate \$ _____ annual hourly
Final Position _____ Dept. _____ Pay Rate \$ _____ annual hourly
Supervisor's name and title _____
Main duties performed _____
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Starting Position _____ Dept. _____ Pay Rate \$ _____ annual hourly
Final Position _____ Dept. _____ Pay Rate \$ _____ annual hourly
Supervisor's name and title _____
Main duties performed _____
Reason(s) for leaving _____

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? yes no If yes, in which Branch? _____

Describe any training received relevant to the position for which you are applying:

OFFICE SKILLS AND QUALIFICATIONS (enter number of years of experience, unless otherwise indicated)

- accounting _____ shorthand (include wpm) _____ dictaphone _____
- calculator _____ typing (include wpm) _____ receptionist _____
- clerk _____ word processor _____ data entry _____
- computer (include each platform with which you are familiar) _____
- software (specify programs) _____
- other (specify) _____

Summarize special skills and qualifications acquired from previous employment which may qualify you for work with the Company, including other office equipment.

EDUCATION AND ACCOMPLISHMENTS

	<u>Name of Institution</u>	<u>City/State</u>	<u>Completed</u>	<u>Diploma, Degree, Transcript or Certificate</u>
High School	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Name Graduated Under:	_____			
College	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Name Graduated Under:	_____			
Graduate School, Business School, or Other School	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Name Graduated Under:	_____			

Certifications:

List any foreign language(s) skills and describe your skill level (read, write, speak), if relevant to the position for which you are applying _____

List any special accomplishments, publications, awards, certifications, or courses taken or training received relevant to the position for which you are applying (you are not required to list information that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status).

List any other information you would like us to consider:

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

Thank you for completing this application and for your interest in our Company. We would like to assure you that your opportunity for employment with us will be based on merit and other nondiscriminatory business considerations.

You understand that employment with ERHWSC may require a pre-employment and a post-offer physical examination and may require drug and alcohol testing by our designated representatives. Any applicant who declines to consent or be tested, or who produces a positive test result for the illegal use of drugs, will not be further considered for employment. Proof of citizenship or immigration status will also be required within three days of date of hire.

I do hereby authorize any prior employers, schools, law enforcement agencies, departments of motor vehicles, licensing boards, professional disclosure bodies, or other persons to furnish ERHWSC with any information it may have concerning myself which is on record or otherwise, and release the addressed individual, company, or institution and all individuals connected therewith, including ERHWSC from all liability for any damage whatsoever incurred in furnishing such information.

I hereby release ERHWSC, any prior employers, schools, or other persons from any obligation to provide me with written notification of disclosure. I understand that this disclosure may include a record of disciplinary action assessed by ERHWSC or a prior employer.

I understand that my authorization and release for information disclosure stated above does not cover credit reporting agencies. I understand that pursuant to the federal Fair Credit Reporting Act, the Company has provided me with a separate document containing only the credit reporting agency authorization. As more fully explained in that authorization form, I understand that as part of the Company's processing of my employment application, it may request from a consumer reporting agency an investigative consumer report, including information about my character, general reputation, personal characteristics, and mode of living.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of any employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ERHWSC or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and ERHWSC may end the employment relationship at any time without specified notice or reason; however, failure of the undersigned to provide notice may result in the forfeiture of certain benefits. If employed, I understand that ERHWSC may unilaterally change or revise benefits, policies, procedures, job descriptions, and work schedules at any time.

To be considered for employment, I understand that I must be able to perform the essential functions of the position with or without reasonable accommodation. I also understand that:

1. ERHWSC has a Drug and Alcohol Policy that provides for pre-employment testing as well as testing during employment;
2. the Policy may include random testing, testing for cause, post-accident testing, and testing following leaves of absence;
3. consent to and compliance with all provisions of this Policy is a condition of my employment; and,
4. continued employment is based on the successful passing of any testing under this Policy.

I further understand that continued employment may be based on the successful passing of job-related physical examinations.

BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING THAT THE FACTS SET FORTH ARE TRUE AND COMPLETE. YOU ARE ALSO CERTIFYING THAT YOU UNDERSTAND THAT ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS FROM THIS APPLICATION FORM MAY RESULT IN YOUR NOT BEING CONSIDERED FOR EMPLOYMENT OR, IF EMPLOYED, YOU ARE SUBJECT TO IMMEDIATE TERMINATION AT ANY TIME. YOU ARE ALSO AUTHORIZING INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND FULL DISCLOSURE OF YOUR PRESENT AND PRIOR WORK RECORD.

I have read and understand this agreement.

Applicant's Signature _____ Date _____

ERHWSC is a drug- and smoke-free work environment.