## **HAWLEY WATER SUPPLY CORPORATION**

## **EMPLOYMENT APPLCATION**

An Equal Opportunity Employer

POSITION:

Date of Birth: \_\_\_\_/\_\_\_\_

	•				-	
	REFERRED I	BY:			_	
<u>complete</u> all spaces or false or misleading sta	n the application to be of tement may result in yo	considered f our disqualif	or employn ication. You	olication. A resume may nent. All information sub u must be 18 years or old Water Supply Corporati	omitted is su der to apply.	bject to verification. A If you need
		PERS	ONAL	DATA		
NAME:						
Last	First		Middle		SOCIAL S	ECURITY NUMBER
Current Address:	Number & Street		City	State		 Zip
List any other names u	used if different from n	ame given o	on applicati	on:		
	_)			ell: ()		<del></del>
DRIVER'S LICENSE NUI	MBER: State:	_ Number:			Exp. Date:	
	E	DUCATI	ON &	TRAINING		
Circle Highest Grade L	evel Completed	1 2 3 4 5	67891	.0 11 12 High Scho	ol Diploma (	or G.E.D.: Yes No
Type of School	Name & Location of School	Sem./ Clock Hours Completed	Graduated Yes or No	Expected Graduated Date	Type of Diploma or Degree	Major/ Minor Field of Study
High School						
Colleges or						
Universities						
Technical Schools						
					1	

SPECIAL SKILLS/ QUALIFICATIONS: List special skills of qualify you for the position for which you are an app	or qualifications (not listed above) you possess which you believe further plicant
GENE	ERAL INFORMATION
DISMISSALS AND/OR FORCED RESIGNATIONS: (Check one) Yes No If Yes, please	: Have you ever been fired or forced to resign from any position? e explain below. (use additional sheet if necessary)
sentence such as deferred adjudication in court? List disclosure by you is your advantage as your record of limited to, age at time of offense(s) and recency of offense(s).	or <b>FELONY</b> and/or placed on probation, fined or given a suspended st all cases other than minor traffic violations. PLEASE NOTE: A full does not constitute an automatic bar to employment. Factors as, but offense(s) as well as the relationship between the offense(s) and job for //ER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION
(Check One)YesNo	If Yes, please provide the following:
Date:// Charge:	City/State:
Disposition:	
Date:// Charge:	City/State:
	ng information in the same format. Include your printed name and signature.)
Have you ever been employed by Hawley WSC?	(Check One):YesNo If Yes, please indicate:
Title of Position:	Department:
Dates Of Employment:/ to	
Reason for Leaving:	
Are you related to any person employed by Hawley	y WSC? (Check one):Yes No If Yes, Please indicate:
Name:	Relationship:
Department:	Position:

## **EMPLOYMENT HISTORY**

List most recent and/or current employment status first

Employer:		Start Date	End Date
Address/ City/ State:			
Phone: ()	Job Title:	Starting Salary	Ending Salary
Supervisor:			
Reason for Leaving:			
Br	iefly Describe the Nature and Duti	es of Your Position	
Employer:		Start Date	End Date
Address/ City/ State:			
Phone: ()	Job Title:	Starting Salary	Ending Salary
Supervisor:	Title:		
Reason for Leaving:			
Br	iefly Describe the Nature and Duti	es of Your Position	
F		Class Date	F. J.D. J.
Employer:		Start Date	End Date
Address/ City/ State:			
Phone: ()	Job Title:	Starting Salary	Ending Salary
Supervisor:	Title:		
Reason for Leaving:			
Br	iefly Describe the Nature and Duti	es of Your Position	

Employer:		Start Date	End Date
Address/ City/ State:			
	Job Title:	Starting Salary	Ending Salary
Supervisor:	Title:		
Reason for Leaving:			
Br	iefly Describe the Nature and Duties of Y	our Position	
Employer:		Start Date	End Date
Address/ City/ State:			
Phone: ()	Job Title:	Starting Salary	Ending Salary
Supervisor:	Title:		
Reason for Leaving:			
Br	iefly Describe the Nature and Duties of Y	our Position	
Employer:		Start Date	End Date
Address/ City/ State:			
Phone: ()	Job Title:	Starting Salary	Ending Salary
Supervisor:	Title:		
Reason for Leaving:			
Br	iefly Describe the Nature and Duties of Y	our Position	

Explanation of any periods of unemployment between j	iobs:			
ACKNO	WLEDGEMEN	Т		
I, the undersigned, certify that I have read and fully under true and complete to the best of my knowledge. I unders or erroneous, it may result in rejection of my application this application, I authorize Hawley Water Supply Corpor obtain references from my present and past employers. Hawley Water Supply Corporation and will not be return	stand that should any st or discharge from Haw ation to verify all data n I further understand tha	atement I ha ley Water Su needed to su	ve made prove fals pply Corporation. I oport this applicati	se, misleading, In submitting on and to
I understand that as a condition of employment, I will be	required to provide leg	al proof of a	uthorization to wo	rk in the U.S.
I also understand that I will have the right to terminate n without notice and for any reason. I understand that Have employment at any time without notice and for any reas of employment I will be subject to one or more of the following examination and/or a pre-employment drug-alcohol screen Corporation is contingent upon information received.	vley Water Supply Corpo on. If required for the p llowing: driving record o	oration has t osition, I also theck, crimin	he same right to to o understand that a al history investiga	erminate my as a condition ation, medical
Signature of Applicant			Date Signed	
Signature of Applicant	For Co.	rporation U		
	Date Received:	PS. 461011 0	<del></del>	$\overline{}$
	1st Interview Date:			
	2nd Interview Date:			
	If needed, 3rd interv	view Date:		
	Start Date:		-	

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