Vilonia Waterworks Association Application for Employment

<u>APPLICANT INFORMATION</u>

Last Name	First	Middle Name		
Street Address				
City		StateZip		
Phone (Cell &/or Home)	J	E-mail Address		
Social Security No		Driver License No		
Position Applied For:		Date:		
Date Available:	Desired Salary:	Are you 18 years or older? Yes □ No □		
Are you a citizen of the Uni	ted States or authorized to	o work in the U.S.? Yes \square No \square		
Have you ever been convicted of a felony? Yes □ No □ If yes, explain?				
EDUCATION INFORMAT	<u>rion</u>			
High School:		Address:		
From:To:		Yes □ No □ Degree:		
College:		Address:		
From:To:	Did you Graduate?	⁹ Yes □ No □ Degree:		
Graduate School:	_	Address:		
From:To:	Did you Graduate?	Yes 🗆 No 🗆 Degree:		
Business/Trade/Tech:		Address:		
From:To:	Did you Graduate?	Yes \square No \square Degree:		
Do you have an Arkansas Water Distribution or Treatment License? Yes □ No □ If yes, when did				
you obtain license and what grade?				
List special job-related skills or qualifications, and professional licenses or certificates:				

EMPLOYMENT INFORMATION

Employer:		Address:		
Phone:		Supervisor:		
Job Title:	;	Starting Salary:	Ending Salary:	
Responsibilities	:			
From:	To:	Reason for Lea	ving:	
May we contact	your present/p	revious employer for a r	reference? Yes \square No \square	
Employer:		Address:		
Phone:		Supervisor:		
Job Title:	;	Starting Salary:	Ending Salary:	
Responsibilities	:			
From:	To:	Reason for Lea	ving:	
May we contact	your previous	employer for a reference	e? Yes □ No □	
Employer:		Address:		
Phone:		Supervisor:		
Job Title:	;	Starting Salary:	Ending Salary:	
Responsibilities	:			
From:	To:	Reason for Lea	ving:	
May we contact	your previous	employer for a reference	e? Yes □ No □	
Are you a Vetera	n of the U.S. M	Iilitary? Yes □ No □ □	Dates of Service:	
Use the space bel	low to summari	ize any additional inforn	nation necessary to describe your full	
qualifications for	the specific po	sition for which you are	applying.	

PROFESSIONAL REFERENCES

Full Name:	Relationship:				
Company:	Phone:				
Address:	Years Acquainted:				
Full Name:	Relationship:				
Company:	Phone:				
Address:	Years Acquainted:				
Full Name:	Relationship:				
Company:	Phone:				
Address:	_ Years Acquainted:				
Resume Attached: Yes □No □					
Vilonia Water Works Association considers applican	its for all positions without regard to race, color,				
religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation,					
and/or any other legally protected status.					
I certify that the information and answers given on this application is true and complete to the best of my knowledge.					
If this application leads to employment, I understand	that false or misleading information in my				
application or interview may result in my release.					
Signature	Date				