



Application for Employment

"An Equal Opportunity Employer"

Date _____

Name _____ Social Security # _____
(Last) (First) (Middle)

Address:

Phone _____ cell home

E-Mail Address

Position Desired _____

What are your dates of availability? _____

Date of Birth: ___/___/___ Please Circle: Male / Female

Ethnicity: White/Caucasian Black/African American Asian Hispanic Other

Do you possess a valid driver's license? Yes [] No [] Which state? _____

Drivers license # _____ Class A or B CDL? _____ Endorsements? _____
Do you have a current CDL Physical? _____

Are you legally authorized to work in the USA? Yes [] No []

Have you ever been convicted of a crime? Yes [] No [] If yes, please explain

Education Information

	School Name, City, and State	Course of Study/Major	Graduated	Degree Received
High School			Yes [] No []	
College			Yes [] No []	
Other			Yes [] No []	

Employment History

List all work experience beginning with your **current or most recent position.**

Company Name _____ Employed from _____ to _____
 Address(Street, Address City, State,
 Zip) _____
 Name & Title of Immediate Supervisor _____
 Telephone _____
 Your Title _____
 Reason for leaving _____
 Description of
 Responsibilities _____

Company Name _____ Employed from _____ to _____
 Address(Street, Address City, State,
 Zip) _____
 Name & Title of Immediate Supervisor _____
 Telephone _____
 Your Title _____
 Reason for leaving _____
 Description of
 Responsibilities _____

Company Name _____ Employed from _____ to _____
 Address(Street, Address City, State,
 Zip) _____
 Name & Title of Immediate Supervisor _____
 Telephone _____
 Your Title _____
 Reason for leaving _____
 Description of
 Responsibilities _____

May we contact your previous employers? If not, please indicate the one(s) you do not wish us to contact.

Does this company employ any of your relatives? _____ If so, who? _____

Have you ever worked for this company before? _____ If yes, when? _____

Please list a person(s) to contact in case of an emergency:

Name _____ Phone Number _____ Relationship _____

IMPORTANT - PLEASE NOTE

- If you are offered a position at Edwardsville Water Corp, we will need your signature authorizing a criminal background check and drug screening.

Statement of Purpose

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may, at the discretion of Edwardsville Water Corporation, disqualify me from employment, or cause my dismissal. I hereby authorize Edwardsville Water Corporation to make a thorough investigation of my past employment and activities. I release from liability Edwardsville Water Corporation, former employers, or any persons supplying such information. The language in this application is not intended to create, nor is it to be misconstrued to constitute, a contract of employment.

Signature: _____ Date: _____