

APPLICATION FOR EMPLOYMENT

PRE EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME

LAST FIRST MIDDLE

PRESENT ADDRESS

STREET CITY STATE ZIP

PERMANENT ADDRESS

STREET CITY STATE ZIP

PHONE NUMBER

ARE YOU 18 YEARS OR OLDER YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS ?
DO YOU HAVE A VALID MISSOURI DRIVERS LICENSE ?

YES NO
YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED \$

ARE YOU EMPLOYED NOW? IF SO WHO IS YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? YES NO
IF SO WHERE AND WHEN?

REFERRED BY

ATTACH REFERENCES

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

SPECIAL SKILLS OR QUALIFICATIONS:

ACTIVITIES (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS THAT INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP OR NATIONAL GUARD OR RESERVES YES NO

FORMER EMPLOYERS (LIST BELOW LAST FIVE EMPLOYERS, STARTING WITH THE LAST ONE)				
DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DO YOU LIKE MOST ABOUT THE POSITION YOU ARE APPLYING FOR? _____

REFERENCES (FILL IN OR ATTACH REFERENCES OF FOUR PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				
4				

**IN CASE OF EMERGENCY
PLEASE NOTIFY**

NAME	ADDRESS	PHONE NO.

* I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND FURTHER UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED AND I AM EMPLOYED, MY APPLICATION MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED IF THESE RULES AND REGULATIONS ARE NOT FOLLOWED WITH OR WITHOUT NOTICE AT ANY TIME AT THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE TO REPRESENT THE WATER DISTRICT IN A PROFESSIONAL MANNER; BY NOT DOING SO I UNDERSTAND THE COMPANY MAY WITH OR WITHOUT NOTICE TERMINATE MY EMPLOYMENT. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN IT'S BOARD OF DIRECTORS AND THEN ONLY WHEN IN WRITING HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. *

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

NEATNESS: _____ STARTING SALARY OR WAGE: \$ _____

DATE REPORTING TO WORK: / / APPROVED BY: _____

HIRED: YES NO