

Cabot Waterworks

Application for Employment

Cabot Waterworks is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

INSTRUCTIONS: Fill out this application **COMPLETELY** and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing n/a in the answer blank. Type or print legibly all responses in ink.

PERSONAL

Date: _____ Telephone: _____ Alt. Number: _____

1. Name: _____ / _____ / _____
First Middle Last Social Security Number

Other names used while employed, if any _____

2. Present Mailing Address: _____
Street and Number City State Zip Code

Previous Address: _____
Street and Number City State Zip Code

EMPLOYMENT DESIRED

3. Position(s) Sought: 1. _____
2. _____
3. _____

Regular Full Time _____ Part Time _____ Salary Expected: _____ Date Available: _____

4. Do you object to wearing a uniform? **Yes No**

5. Do you object to working nights/overtime? **Yes No**

6. Do you object to working shifts? **Yes No**

7. Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled or expunged or sealed by a court? **Yes No**

8. Are there any felony charges presently pending against you? **Yes No**
(Conviction or pending felony charges will not necessarily disqualify an applicant.)

If you answered yes to question 7 and/or 8, please explain: _____

9. Are you 18 years or older? **Yes No**

10. Are you legally eligible to work in the United States? **Yes No**
(If offered employment, you will be required to provide documentation to verify eligibility.)

11. Have you ever been discharged or forced to resign because of misconduct or unsatisfactory service?
Yes No

If yes, give details: _____

Cabot Waterworks
P.O. Box 1287
Cabot, AR 72023
(501) 843-3566
Fax: (501) 605-1740

WORK HISTORY

12. List **all** jobs you have held, putting your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary/part-time jobs.

A. Title of present or last position _____ **Starting Salary** _____ **Last Salary** _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked per week:		

Name and title of supervisor _____

Employer _____

No. employees supervised by you: _____ Telephone Number: _____

Address _____ City _____ State _____

Duties _____

Reason for leaving _____

B. Title of present or last position _____ **Starting Salary** _____ **Last Salary** _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked per week:		

Name and title of supervisor _____

Employer _____

No. employees supervised by you: _____ Telephone Number: _____

Address _____ City _____ State _____

Duties _____

Reason for leaving _____

C. Title of present or last position _____ **Starting Salary** _____ **Last Salary** _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked per week:		

Name and title of supervisor _____

Employer _____

No. employees supervised by you: _____ Telephone Number: _____

Address _____ City _____ State _____

Duties _____

Reason for leaving _____

D. Title of present or last position _____ **Starting Salary** _____ **Last Salary** _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked per week:		

Name and title of supervisor _____

Employer _____

No. employees supervised by you: _____ Telephone Number: _____

Address _____ City _____ State _____

Duties _____

Reason for leaving _____

E. Title of present or last position _____ **Starting Salary** _____ **Last Salary** _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked per week:		

Name and title of supervisor _____

Employer _____

No. employees supervised by you: _____ Telephone Number: _____

Address _____ City _____ State _____

Duties _____

Reason for leaving _____

F. Title of present or last position _____ **Starting Salary** _____ **Last Salary** _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked per week:		

Name and title of supervisor _____

Employer _____

No. employees supervised by you: _____ Telephone Number: _____

Address _____ City _____ State _____

Duties _____

Reason for leaving _____

REFERENCES

14. May we contact your present employer? Yes No

15. Give the names of two responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

NAME	ADDRESS, CITY, STATE	TELEPHONE

16. List anyone you personally know who is employed by the City of Cabot.

First/Last Name Position Department Relationship

17. Have you previously submitted an application for employment with the City? Yes No

Approximate date: _____

Position applied for: _____

MILITARY SERVICE

18. Were you ever in the U.S. Military Service or any other military organization? Yes No

Branch of Service _____ Date of Enrollment _____ Highest Rank _____

Date of Discharge _____ Did you receive an honorable discharge? Yes No

19. List medals/decorations and any special training received: _____

EDUCATION

20. List all schools attended:

Education/Type of School	Location (City and State)	Circle Last Yr Attended	Subjects Studied or Major	Year graduated	List Diploma/Degree/ Certificate Received
High School		9 10 11 12			
College or University		1 2 3 4			
College or University		1 2 3 4			
Business Trade, Other		1 2 3 4			

21. Did you either graduate from high school or pass the high school equivalency test? Yes No

22. List any specialized training, skills, equipment, and/or software that relates to the position for which you are applying. _____

DRIVING INFORMATION

23. Do you possess a valid driver's license? Yes No

License No.	State	Date Issued	Date Expires	Type (Pers., Comm., etc.)

24. Was your license, personal or commercial, ever suspended, denied or revoked? Yes No
If yes, state which and give reasons:

CAREER OBJECTIVES

26. List organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated. _____

27. Explain briefly your reasons for applying for this position:

28. State any additional information you feel may be helpful to us in considering your application.

I hereby certify that all information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

Signature: _____

Print Name: _____ **Date:** _____

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF
A CONSUMER REPORT**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you with 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

This report will be processed by:

Cabot Waterworks
P.O. Box 1287
Cabot, AR 72023
501-605-1740

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____
(PLEASE PRINT)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____

Give original with Summary of Rights to applicant. Retain a copy for your files.

STATEWIDE CRIMINAL HISTORY CONSENT FORM

I hereby authorize Cabot Waterworks to receive any criminal history record information pertaining to me which may be in the files or any state or any local criminal justice agency.

Full Name (printed)

Street Address

City, State and zip code

Date of birth

Social Security number

Sex

Race

Authorizing Signature

Date signed