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:	ddle Last	
First Mic	ddle 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 DES	
3. Position(s) Sought: <u>1.</u> <u>2.</u> <u>3.</u>		
Regular Full Time_	Part Time Salary Expected:_	Date Available:
4. Do you object to wearing	ng a uniform? Yes No	
5. Do you object to working	ng nights/overtime? Yes No	
6. Do you object to working	ng shifts? Yes No	
•	onvicted of a crime, excluding misdemeanors nged or sealed by a court? Yes No	and summary offenses, which have not
	narges presently pending against you? Yes lony charges will not necessarily disqualify an applicant	
•	s to question 7 and/or 8, please explain: _	
9. Are you 18 years or old		
	e to work in the United States? Yes No nt, you will be required to provide documentation to verify	fy eligibility.)
11. Have you ever been o	discharged or forced to resign because of mis	sconduct or unsatisfactory service?
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. Yrs. Part-time Mos. If Part-time, # of hours worked per week: Name and title of supervisor Employer _____ No. employees supervised by you: _____ Telephone Number: _____ State Address _____ City _____ 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: _____ Duties

Reason for leaving _____

	Date Employed:				
	Date Separated:				
	Full-time	Yrs.	Mos.		
	Part-time	Yrs.	Mos.		
	If Part-time, # of	hours wor	ked per week:		
	•		•	•	
Name aı	nd title of super	visor			
No. emp	oloyees supervis	ed by you	ı:	elephone Number:	
Address	·			City	State
Duties _					
Doggan	for looving				
Reason	for leaving				
D T'41	C	1 4		C4 4° C - l	I and Calanna
D. Titio	e of present o	r last po	sition	Starting Salary	Last Salary
Date Employed:				1	
	Date Separated:				
	Full-time	Yrs.	Mos.		
	Part-time	Yrs.	Mos.		
	If Part-time, # of	hours wor	ked per week:		
	ii i dir tiiiio, ii oi	nodio noi	nou por moon.		
Name aı	nd title of super	visor			
Employe	er				
No. emp	oloyees supervis	ed by you	ı:	elephone Number:	
Address	Address			City	State
Duties _				•	
_					
D	Co 10 000 000				
keason	for leaving				

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

	Date Employed:				
	Date Separated:			1	
	Full-time	Yrs.	Mos.		
	Part-time	Yrs.	Mos.		
	If Part-time, # of I	nours worked	d per week:		
				-	
- 0					
				'elephone Number:	
				City	State
outies _					······································
≀eason	for leaving				
. Title	of present or	last posi	tion	Starting Salary	Last Salary
	Date Employed:			1	
	Date Separated:			1	
	Full-time	Yrs.	Mos.	1	
	Part-time	Yrs.	Mos.	1	
	If Part-time, # of	houro works	d por wook:	4	
	if Part-time, # or	nours worked	a per week:		
				_	
Name ar	nd title of superv	isor			
	-				
- 0				'elephone Number:	
_	-			City	
Junes _					
	C 1				
keason i	for leaving				
				REFERENCES	
I A May				Vac. No	
4. May	we contact your	present e	mployer?	res ino	
5. Give	e the names of t	wo respon	sible pers	ons, other than relatives or past	employers, who could provide
				, experience, personality and ot	
	,			,	•
	A: A B.F.			DDDESS CITY STATE	TEL EDUANE
	NAME		<i>F</i>	ADDRESS, CITY, STATE	TELEPHONE
			1		

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

	Positio	on I	<u>Department</u>		<u>Relationship</u>
Have you previously s	submitted ar	n application for	employment w	vith the City?	Yes No
proximate date:					
ition applied for:			MILITARY SER	RVICE	
		•			
Were you ever in the anch of Service		•	•	•	Yes No ighest Rank
te of Discharge					
List all schools atten Education/Type of School	ded: Location (City and	Circle Last Yr Attended	Subjects Studied or	Year graduated	List Diploma/Degree/ Certifica Received
	State)		Major		
High School		9 10 11 12			
High School College or University		9 10 11 12			
School College or					
School College or University College or		1 2 3 4			
School College or University College or University Business Trade, Other		1 2 3 4 1 2 3 4			
School College or University College or University Business Trade, Other	J	1 2 3 4 1 2 3 4 1 2 3 4	Ü		
School College or University College or University Business Trade, Other Did you either gradua	training, skil	1 2 3 4 1 2 3 4 1 2 3 4	Ü		test? Yes No to the position for which you
School College or University College or University Business Trade, Other Did you either gradua	training, skil	1 2 3 4 1 2 3 4 1 2 3 4 h school or pass	and/or software	e that relates	
School College or University College or University Business Trade, Other Did you either gradua	training, skil	1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 h school or pass	and/or software	e that relates	

24. Was your license, personal or commercial, ever suspended, denied or revoked? Yes No If yes, state which and give reasons:							
CAREER OBJECTIVE							
26. List organizations, clubs, and associations of which you are or have 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 cons	sidering 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:						

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Cabot Waterworks that such employment with Cabot Waterworks is at will, for no specified duration and may be terminated by either Cabot Waterworks or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Cabot Waterworks or its representatives used during the employment process is deemed a contract of employment real or implied.

I understand that if offered a position with Cabot Waterworks, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such tests results to appropriate Cabot Waterworks personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.

I understand that if I am disabled and need accommodation, I must notify Cabot Waterworks of the need for accommodation within a reasonable time after the date I knew or reasonably should have known the need for accommodation.
I,, for and in consideration of Cabot Waterworks consideration of my employment, do hereb specifically authorize Cabot Waterworks to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position for which I am applying.
I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends neighbors, acquaintances (past or present), employers (past or present), my references, educational institutions of an kind, credit bureaus or consumer reporting agencies, or any other person, institution, organization or governments agency, to completely and thoroughly answer any and all questions concerning me posed by an official or employee of Cabot Waterworks and to provide Cabot Waterworks, or any official or employees, any requested document, information record or file concerning me. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individuals listed above and Cabot Waterworks, or any official or employee, that may otherwise accrue to me as a result of Cabot Waterworks conduct of the investigation or an individual's cooperation with the investigation.
Applications, once filed, may be subject to disclosure as a public record under the Freedom of Information Act.
I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.
BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.
Signature:
EEO and Recruiting Source Information
Position Applying for: Date:
This portion of the application may be completed by the applicant to be considered for any position of employment wit Cabot Waterworks. The information in this section may be voluntarily provided to assist Cabot Waterworks in trackin applicant information and assisting with recruiting efforts. Any information provided will not be used in the selectio process.
Thank you for assisting us with tracking this information.
Gender: Male Female Race: Black (non-Hispanic)White (non-Hispanic) American Indian/Alaskan Native HispanicAsian/Pacific Islander
How did you learn about this job opening? Newspaper advertisementFriend or relative currently employed by the City of Cabot or other entities within the

____Professional/Trade Publication ____ City of Cabot web site ____ Cabot Waterworks website ____Other

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:	_
Signaturo	
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

Full Name (printed)

Street Address

City, State and zip code

Date of birth

Social Security number

Sex

Race

Authorizing Signature

Date signed