

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: _____

WORK HISTORY

12. List **4 most recent** 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:** _____

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 hereby 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 any kind, credit bureaus or consumer reporting agencies, or any other person, institution, organization or governmental 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: _____ **Print Name:** _____

Date: _____

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 with Cabot Waterworks. The information in this section may be voluntarily provided to assist Cabot Waterworks in tracking applicant information and assisting with recruiting efforts. Any information provided will not be used in the selection process.

Thank you for assisting us with tracking this information.

Gender: Male Female **Race:** ___Black (non-Hispanic) ___White (non-Hispanic)
___American Indian/Alaskan Native Hispanic ___Asian/Pacific Islander

How did you learn about this job opening?

___Newspaper advertisement ___Friend or relative currently employed by the City of Cabot or other entities within the city. ___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: _____

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