

CHEROKEE WATER COMPANY

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER



APPLICANT INFORMATION

Last Name			First			M.I.		Date		
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone				E-mail Address						
Position				Desired Salary						
Date Available				Date of Birth						
Social Security #				Drivers License #						
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

EDUCATION

High School			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name					Relationship			
Company				Phone				
Address								
Full Name					Relationship			
Company				Phone				
Address								
Full Name					Relationship			
Company				Phone				
Address								

PREVIOUS EMPLOYMENT

Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				

MILITARY SERVICE

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I authorize the company to investigate all statements contained herein and to obtain records concerning my driving history, my medical history, my criminal history, if any, and my work history, including information about my physical, mental, or behavioral health and any pertinent information, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to the company.

I understand and agree that my employment is at-will. That means, if I am hired, my employment is for no definite period of time, regardless of the date of payment of my wages and salary, is terminated at any time without prior notice.

I understand and agree that I may be required to take a physical examination including drug tests as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the company and to release the company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Signature					Date				
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