



JACKSONVILLE WASTEWATER UTILITY

Application for Employment

An Equal Opportunity Employer

248 Cloverdale Road Jacksonville, Arkansas 72076 (501) 982-0581 Fax (501) 982-5791

A Pre-Employment Drug Test Will Be Required

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handi-cap, or any other legally protected status.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Cell Phone			
Date Available		Social Security No.		How did you hear about position?	
Position Applied for					
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"/>
Are you 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid Arkansas Driver's License?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have friends or relatives who work here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?	
Have you ever worked for this utility?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	

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	
<i>Please list three professional references. (Do not include family members or past supervisors)</i>	
Full Name	Years Known
Company	Phone ()
Full Name	Years Known
Company	Phone ()
Full Name	Years Known
Company	Phone ()

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Hours per week	Monthly Salary \$	
Describe Duties			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you fired?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Hours per week	Monthly Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you fired?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Hours per week	Monthly Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you fired?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Comments: (Include explanation of any gaps in employment)

Describe any specialized training, apprenticeship, and/or skills:

MILITARY SERVICE

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

APPLICANTS STATEMENT AND SIGNATURE

Employment At-Will: I understand and agree that if employed, and as a condition of employment that employment will be "at will". Either Jacksonville Wastewater Utility or I may end the employment relationship at any time for any reason or for no reason. I further understand that no representative of Jacksonville Wastewater Utility has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing. I understand that nothing contained in this Application for Employment or in the granting of an interview is intended to create an employment contract between Jacksonville Wastewater Utility and me for either employment or for the providing of any benefit.

Certifications of Truth in Applications and Release of Information: I hereby certify that the facts set forth in my Application for Employment are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal whenever discovered. Jacksonville Wastewater Utility is hereby authorized to make any investigation of my personal history (and driving record if applicable) through any means, including investigative bureaus. I hereby authorize all past and present employers or educational institutions I have attended to furnish records and any or all information they may have concerning me. I hereby release them from any and all liability for damage, which might result from their revealing or furnishing this information. I authorize Jacksonville Wastewater Utility, should they employ me, to release employment references, if my employment becomes terminated for any reason.

Pre-Employment Testing: I agree to submit to a pre-employment drug test and understand that employment is contingent upon passage of such test. I agree to participate in any drug/alcohol screening, skills examinations, polygraph tests, or other control procedures deemed necessary by the Utility.

Verification of Employment Eligibility: I understand that if employed, by law I must provide proof of eligibility to work in the United States of American pursuant to the Immigrations Reform and Control Act of 1986.

The Arkansas Clean Indoor Air Act of 2006: I understand that if employed, I will be required to follow all rules and regulations pertaining to the Arkansas Clean Indoor Air Act of 2006 which states that smoking is prohibited in all vehicles and enclosed areas owned, leased, or operated by this Utility. Violation of this Act may be considered sufficient cause for dismissal.

I have read, understand and agree with the above statement.

Signature

Date