

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Today's Date _____

* All sections of this Application for Employment must be completed.

You must state the specific position(s) for which you are applying:

Wage desired:

1. _____ 2. _____ \$ _____

Personal and General Information

Last Name	First Name	Middle Name	Home Phone	Cell Phone
Street Address		City	State	Zip
				E-mail Address

Please indicate source of referral to CHWW INC.			*Name of referring employee, agency, publication, or other source
<input type="checkbox"/> CHWW BOARD MEMBER	<input type="checkbox"/> CHWW INC Employee*	<input type="checkbox"/> On-Line Ad*	
<input type="checkbox"/>	<input type="checkbox"/> Newspaper/Publication Ad*	<input type="checkbox"/> Recruitment Agency*	
<input type="checkbox"/>	<input type="checkbox"/> State Employment Agency *	<input type="checkbox"/> Other*	

Are you available for?	<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-time <input type="checkbox"/> Other/Summer <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have relatives <input type="checkbox"/> Yes Employed at CHWW Utilities? <input type="checkbox"/> No If yes, list names and how related below.
Are you on lay-off and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you work overtime if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Which shifts will you work?	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		
Will you travel if job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to live within a designated area in order to respond to emergency calls? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever been employed with CHWW Utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the dates you were employed, and the name you were employed under.	
Are you a U.S. citizen or eligible to work in the U.S. on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Alien Registration No. _____
If not a U.S. citizen, provide the following information:	Type of VISA held _____
Proof of Employability will be required if you are offered employment.	

References

List 3 persons familiar with your work performance whom we may contact for reference. (please exclude relatives)		
Name/Occupation	Complete Address, include city, state and zip	Telephone # (s)

Background Information

Have you ever been warned, disciplined or terminated by any employer in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in full			
*Have you ever been convicted of any crime? (You may omit arrests without convictions. Include convictions while in the military.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete below:			
Date	Conviction	Place	Court

*Conviction of a crime is not an automatic ban to employment - all circumstances will be considered.

Education

Attach transcripts of academic records, Work Keys Scores or Career Readiness Certificate if readily available.

(YOUR EDUCATIONAL CREDENTIALS WILL BE VERIFIED)

Schools Attended	Name and Address of School	Dates Attended		Major Field of Study	Did you graduate?	Grade Point Average (e.g. 3.2/4.0)	Degree and Date Received
		From Mo/Yr	To Mo/Yr				
High School							
College							
Graduate							
Trade or Technical							

If GED Date obtained:

Have you taken any Work Keys Assessments? Yes No Do you have a Career Readiness Certificate? Yes No

Driving Record (Complete if applying for a position that requires the operation of a motor or commercial vehicle.)

Do you have a current valid FLORIDA driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	
Date of Birth		<input type="checkbox"/> CDL A <input type="checkbox"/> CDL B		
If no Florida license, please state reason or give number & state where you are currently licensed:				
Have you had a traffic violation or accident within the past 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
If yes, explain in full:				
Has your driver's license ever been revoked or suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason?	

Additional Information (You may exclude all information indicative of race, religion, color, sex, national origin, age, marital or veteran status, disability, genetic or family medical history or any other status protected by law.)

List any business, industry, safety or community awards received:
List any certifications or training you have that relate to the position you are applying. (i.e. computer applications, heavy equipment operation, pipefitting, water/wastewater certification, apprentice lineman, gas operator qualification, CPR, first aid):
Briefly state why you wish to work for CHWW Utilities and what would make you a successful employee:

Employment History (YOUR EMPLOYMENT HISTORY WILL BE VERIFIED)**USING "SEE RESUME" IS NOT ACCEPTABLE FOR THIS SECTION.**

Beginning with the most recent, please provide employment history from the last ten years (if applicable). Note any periods for which you were not employed. You may attach additional documentation if needed.

Employer		Street Address, City, State, Zip	
Your Job Title		Supervisor Name and Title	
From (Mo/Yr.)	To (Mo/Yr.)	Salary/Wages	Telephone #
Description of your duties:			
Reason for Leaving			
May we contact <i>you</i> at your present place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact <i>your</i> present employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Street Address, City, State, Zip	
Your Job Title		Supervisor Name and Title	
From (Mo/Yr.)	To (Mo/Yr.)	Salary/Wages	Telephone #
Description of your duties:			
Reason for Leaving			

Employer		Street Address, City, State, Zip	
Your Job Title		Supervisor Name and Title	
From (Mo/Yr.)	To (Mo/Yr.)	Salary/Wages	Telephone #
Description of your duties:			
Reason for Leaving			

Employer		Street Address, City, State, Zip	
Your Job Title		Supervisor Name and Title	
From (Mo/Yr.)	To (Mo/Yr.)	Salary/Wages	Telephone #
Description of your duties:			
Reason for Leaving			

U.S. Military Service

Did you serve in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch of Service:	_____
Date of Service: From:	_____	To:	_____	_____
Rank at Discharge:	_____	Present Active Duty Commitment:	_____	_____
Describe any job-related training that you have had in the United States military: _____				

Application Agreement

This application must be signed to receive consideration for employment (electronic signatures will be validated if selected for employment).

Please read the following statements carefully. They constitute conditions for any employment with Cottage Hill Water Works, Inc.

I hereby authorize CHWW Utilities to obtain consumer reports on me through consumer reporting agencies of its choice. The term "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing an applicant's eligibility for employment. Examples of a consumer report include, but are not limited to, a credit report, a criminal background report, a report stating the result of a drug test, a motor vehicle report and a reference check report. I further authorize CHWW Utilities to obtain consumer reports or investigative consumer reports on a continuing basis, as needed, and as it relates to my employment.

I authorize CHWW Utilities to inquire of my former schools, former associates, former employers or references.

I understand that employment depends on a variety of factors including a business need for my services, satisfactory replies from my references, verification of my educational credentials and a favorable pre-employment drug test.

In consideration of my employment, I agree to conform to the policies, rules and regulations of CHWW Utilities.

I understand that no Manager or Representative of CHWW UTILITIES has the authority to enter into any agreement for employment for any specified period of time, and my employment with CHWW Utilities is at-will and may be terminated by myself or by CHWW Utilities, at any time, for any reason. I also understand that company HANDOUT describing benefits and the employee handbook are not intended to be contracts of employment and may be altered, amended, discontinued, or modified as CHWW Utilities may see fit and appropriate.

Although CHWW Utilities makes an effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: overtime, weekend shift work to include Saturday, Sunday and holidays, rotating work schedules and travel requirements. I understand and accept these as conditions of my continuing employment with Decatur Utilities.

I will provide to a Human Resource Representative the required documentation to establish my employment eligibility in accordance with the Immigration Reform and Control Act, as needed.

It is the policy of CHWW Utilities to maintain a drug free workplace. In order to maintain a workplace that is free of illegal use and abuse of drugs, I understand the position for which I am applying may be subject to pre-employment and random drug testing for controlled substances and alcohol. I also understand that the outcome of these procedures may affect my obtaining or maintaining employment with CHWW Utilities.

I hereby certify that the information given in this application is complete and accurate. I also understand that any misrepresentation, falsification, omission, or other such conduct will result in my ineligibility for employment and immediate termination, even if I have been subsequently employed.

Signature of Applicant

Date

We will review your qualifications and will contact you if needed. Thank you for your interest in CHWW Utilities.

COTTAGE HILL WATER WORKS, INC

P O BOX 581

CANTONMENT FL 32533

CHWW Utilities is an Equal Opportunity Employer. All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, disability, genetic or family medical history or any other status protected by law.