## Clarksburg Water Board 1001 South Chestnut Street Clarksburg, West Virginia 26301 (304) 623-3711 www.clarksburgwater.com

## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

|  |  | DATE   |  |  |  |  |
|--|--|--|--|--|--|--|
| Name   |  |  |  |  |  |  |
| Last   | First  | Middle   | Maiden   |  |  |  |
| Present address  | Number Street  | City State Zip                                   |  |  |  |  |
|  | Cellular /Other # ( )  |  |  |  |  |  |
|  |  |  | DR PART-TIME   |  |  |  |
|  | available for work?  |  |  |  |  |  |
|  | our Company?   |  |  |  |  |  |
|  | yed with our company before?   |  |  |  |  |  |
| If you are under the age of  | 18, can you provide a work permit  | if required? 🛛 Yes 🖾 No                          |  |  |  |  |
| Are you legally eligible for e   | mployment in the United States?  | ❑ Yes ❑ No (If yes, proof is re                  | quired if hired)   |  |  |  |
| whether accommodation is necessary. T<br>Are you able to perform the   | This question below is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.<br>Are you able to perform the "essential functions" of the job for which you are applying, with or without, reasonable accommodation?<br>Yes No No Need more information about the job's "essential functions" to respond. |  |  |  |  |  |
| Will you travel, if required? Yes No Will you work overtime, if required? Yes No Are you able to meet the attendance requirements of the position? Yes No N/A Have you entered into an agreement with any former employer or other party (such as non-competition agreement) that might, in any way, restrict your ability to work for our Company? Yes No If yes, please explain: |  |  |  |  |  |  |
| rehabilitation and position applied for will<br>Have you ever pleaded "gui   | estion does not constitute an automatic bar to empl<br>be taken into account in determining eligibility for en<br>ilty", "no contest" to, or been convic   | nployment.<br>cted of a crime?  Yes No           |  |  |  |  |
|  |  | Blasse list, your work experience for the next i | ive /E) veers beginning with your most recent ish  |  |  |  |
| Employment Experience  |  |  | ive (5) years beginning with your most recent job<br>company. If necessary, please attach additional |  |  |  |
| Fmplover   |  |  |  |  |  |  |
|  |  | Email  |  |  |  |  |
| Address  |  |  | one  |  |  |  |
| Job Title  |  |  |  |  |  |  |
|  | m To   |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| What did you like most abo   | ut your position?  |  |  |  |  |  |
| What did you like least about the position?  |  |  |  |  |  |  |

**Employment Experience (continued)** 

| Employer                                    |                           |       |  |  |  |
|---|---------------------------|-------|--|--|--|
| Contact Name                                |                           |       |  |  |  |
| Address                                     | Phone _                   | Phone |  |  |  |
| Job Title                                   | Supervisor's Name         |       |  |  |  |
| Dates of Employment: From To                | Hourly rate/Salary: Start | Final |  |  |  |
| Job Title or work performed                 |                           |       |  |  |  |
| Reason for leaving:                         |                           |       |  |  |  |
| What did you like most about your position? |                           |       |  |  |  |
| What did you like least about the position? |                           |       |  |  |  |
| Employer                                    |                           |       |  |  |  |
| Contact Name                                | Email                     |       |  |  |  |
| Address                                     | Phone                     |       |  |  |  |
| Job Title                                   | Supervisor's Name         |       |  |  |  |
| Dates of Employment: From To                | Hourly rate/Salary: Start | Final |  |  |  |
| Job Title or work performed                 |                           |       |  |  |  |
| Reason for leaving:                         |                           |       |  |  |  |
| What did you like most about your position? |                           |       |  |  |  |
| What did you like least about the position? |                           |       |  |  |  |
|   |                           |       |  |  |  |

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

| Education                     |                  |          |       |      |                   |
|-------------------------------|------------------|----------|-------|------|-------------------|
| High School:                  | Did you graduate | Location | Yes ( | No   |                   |
| College:                      |                  | Location | ۱     | <br> |                   |
| Course of Study               | Did you graduate | ?        | Yes   | No   | Degree or Diploma |
| Graduate School:              |                  | Locatio  | on    | <br> |                   |
| Course of Study               | Did you graduate | ?□       | Yes   | No   | Degree or Diploma |
| Vocational Training/Other:    |                  | Locatio  | n     | <br> |                   |
| Course of Study               | Did you graduate | e?       | Yes   | No   | Degree or Diploma |
| Continuing Education Courses: |                  |          |       |      |                   |
|                               |                  |          |       |      |                   |

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Special Training or Skill that would be of benefit in the job in which you are applying, i.e. languages, machine operations, etc.

| Have | ou ever been | fired or asked t | o resign from a | job? | Yes ( | $\square$ No |
|------|--------------|------------------|-----------------|------|-------|--------------|
|      |              |                  |                 |      |       |              |

If yes, please explain:

| May we contact your present employer?      | □ Yes | 🛛 No |
|--|-------|------|
| Did you complete this application yourself | 🗆 Yes | 🗆 No |

References

List names and telephone numbers of three (3) business/work references who are not related to you and are not previous supervisor. If not applicable, list three (3) school or personal references who are not related to you.

| Name | Title | Relationship to You | Telephone | Email | Years Known |
|------|-------|---------------------|-----------|-------|-------------|
|      |       |                     |           |       |             |
|      |       |                     |           |       |             |
|      |       |                     |           |       |             |

Applicant Statement

Please read carefully before signing.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's policies and procedures, and I understand that these policies and procedures and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of employment may be changed, with or without cause and with our without notice, at any time by the Company. I understand that no Company representative has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal or professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination based on sex, race, color, religion, national origin, citizenship,, age, disability or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

| Signature of Applicant: Dat | te: |
|-----------------------------|-----|
|-----------------------------|-----|