

DAVIDSON WATER INC.

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME

LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER

ADDRESS

STREET CITY STATE ZIP

PHONE NO. () ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? NO YES

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF YES, MAY WE INQUIRE OF YOU WITH PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE WHERE? WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				<input type="checkbox"/> General <input type="checkbox"/> Vocational <input type="checkbox"/> College Curriculum
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

ARE YOU WILLING TO WORK OVERTIME AND NON-STANDARD SHIFT HOURS WHEN JOB DUTIES SO REQUIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>
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WORK HISTORY - PAST 10 YEARS

(INCLUDE MILITARY)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	SUPERVISOR	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
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IF YOU ARE APPLYING FOR A JOB THAT REQUIRES DRIVING A VEHICLE PLEASE LIST ALL DRIVING INFRACTIONS.

LIST ANY DISCIPLINARY ACTION ANY EMPLOYER HAS TAKEN WITH YOU

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

"I AFFIRM THAT THE INFORMATION ENTERED BY ME ON THIS FORM IS TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT FALSE OF MISLEADING STATEMENTS COULD RESULT IN DISMISSAL SHOULD A FALSEIFICATION BE DISCOVERED AFTER HIRE."

"I UNDERSTAND THAT THE COMPANY MAY INVESTIGATE AND VERIFY MY PRIOR EMPLOYMENT HISTORY AND EDUCATION. I AUTHORIZE THE COMPANY TO MAKE THESE INVESTIGATIONS AND ALSO AUTHORIZE THIRD PARTIES TO ANSWER ANY AND ALL QUESTIONS REGARDING MY EMPLOYMENT AND EDUCATION."

"I UNDERSTAND AND AGREE THAT, SHOULD I BE EMPLOYED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME, FOR ANY REASON, BY ME OR THE COMPANY. I UNDERSTAND THAT EXCEPT FOR WRITTEN AGREEMENTS SIGNED BY THE GENERAL MANAGER, NO REPRESENTATIVE OR MANAGER OF THE COMPANY IS AUTHORIZED TO MAKE ANY CONTRACT OF EMPLOYMENT."

DATE SIGNATURE

DO NOT WRITE IN THIS BOX	
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION _____ DEPT. _____
SALARY/WAGE _____	DATE REPORTING TO WORK _____
APPROVED 1. _____ EMPLOYMENT MANAGER	2. _____ DEPARTMENT HEAD