

# **Employment Application**

Pace Water System is proud to be an Equal Opportunity Employer. Programs, Services & Employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the application or interview.

Position Applied for:	
How were you referred to us:	
Full Name:	
Address:	
Phone:	Email:
Date Available to Start:	Salary Requirements:
If you are under 18 years of age, can you provide a If no, please explain:	work permit? Yes No
Have you ever worked for this company? Yes	No If yes, when?
Are you legally allowed to work in the United States? Answering yes to this question does not constitute an automatic	
Type of employment desired: Full Time	Part Time Temp Seasonal
Driver's License Number:	State:
Education History	
Name & Location of High School:	
Did you Graduate? Yes No	
Name & Location of College:	
Years Attended? Deg	rees Completed:
Other Subjects Studied:	
Trade, Business or Correspondence School:	
Years Attended: S	ubjects Studied:
Did you Graduate? Yes No	



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#### Summarize Your Special Skills or Qualifications

#### Previous Employment (begin with most recent position)

Position(s) Held:	Dates of Employment:
Company Name:	Phone:
Address:	
Supervisor:	
Responsibilities:	
Starting Salary and Title:	
Ending Salary and Title:	
Reason for Leaving:	
May we contact this employer for Reference?	Yes No
Position(s) Held:	Dates of Employment:
Company Name:	Phone:
Address:	
Supervisor:	
Responsibilities:	
Starting Salary and Title:	
Ending Salary and Title:	
Reason for Leaving:	
May we contact this employer for Reference?	Yes No



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Position(s) Held:	Dates of Employment:
Company Name:	Phone:
Address:	
Supervisor:	Title:
Responsibilities:	
Starting Salary and Title:	
Ending Salary and Title:	
Reason for Leaving:	
May we contact this employer for Reference?	Yes No

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize instigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: Date:
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