

Chilton Water Authority

P.O. Box 1029

Thorsby, AL 35171

205-646-3300

Fax #: 205-646-4121

APPLICATION WITH AN AT WILL EMPLOYER

(Pre-employment questionnaire)

(An equal opportunity employer)

Personal Information

Date: _____ Are you 18 years old or older? _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Phone #: _____ Social Security #: _____

Emergency notify: _____
Name Address Phone #

Are you prevented from lawfully becoming employed in this country because of a Visa of immigration Status? _____

Employment Desired

Position Desired: _____ Salary Desired: _____

Starting Date: _____ Are you employed now? ____ If so may we inquire? _____

Ever applied to this authority before? _____ If so when? _____

Ever worked for this authority before? _____ If so when? _____

Name of your last supervisor at this authority _____

Reason for leaving _____

Did someone refer you to this authority? _____ If yes whom? _____

Education

Name & Location of High School: _____

Graduate? _____ If no years completed: _____ GED? _____

Name & Location of College: _____

Graduate? _____ If no years completed: _____

Name & Location of trade/business or correspondence school: _____

Graduate? _____ If no years completed: _____

General

Subjects of special study of research work: _____

Special training: _____

Special skills: _____

References:

(Give below the names of three persons NOT related to you, whom you have
Known at least TWO years)

1. _____

Name	Address & Phone #	Years acquainted
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2. _____

Name	Address & Phone #	Years acquainted
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3. _____

Name	Address & Phone #	Years acquainted
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Service Record

Branch of Service: _____

Discharge Date: _____ Rank: _____

Present membership in National Guard or Reserves: _____

Date obligation ends: _____

Former Employers (List below last 3 employers, Starting with LAST one FIRST)

1) Name of PRESENT OR LAST employer: _____

Address: _____ Phone #: _____

Starting Date: _____ Leaving Date: _____ Reason for Leaving: _____

Name of supervisor: _____ Job title: _____

Description of work: _____

Starting Pay: _____ Final Pay: _____ May we contact supervisor? _____

2) Name of employer: _____

Address: _____ Phone #: _____

Starting Date: _____ Leaving Date: _____ Reason for Leaving: _____

Name of supervisor: _____

Description of work: _____

Starting Pay: _____ Final Pay: _____ May we contact supervisor? _____

3) Name of employer: _____

Address: _____ Phone #: _____

Starting Date: _____ Leaving Date: _____ Reason for Leaving: _____

Name of supervisor: _____

Description of work: _____

Starting Pay: _____ Final Pay: _____ May we contact supervisor? _____

Authorization

“I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, of misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to the authority’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time for this is an AT WILL EMPLOYER, at either my or the company’s options. I also understand and agree that the terms and condition of my employment may be changed with or without cause and with or without notice at any time by the authority. I understand that no authority representative, other than its management and then only when in writing and signed by the management, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

My signature below agrees to the following a pre employment investigation:

- | | |
|----------------------------|----------------------------------|
| Alabama Statewide Criminal | Peer Credit Report |
| Statewide Criminal | Previous Employment Verification |
| County Criminal | Reference Verification |
| Social Security Trace | Worker’s Comp |
| Motor Vehicle Report | Education Verification |
| Sexual Offender Registry | OIG Exclusions |

Date: _____

Signature: _____