

VALLEY PIONEERS WATER COMPANY, INC. An equal opportunity provider and employer

Employment Application

Applicant Information								
Full Name:						Date:		
	Last	First			M.I.			
Address:								
, 100.000.	Street Address					Apartment/Unit #	ŧ	
	City				State	ZIP Code		
Phone:			Email_					
Date Availat	ble: Desired Salary:							
Position App	olied for:							
	tizen of the United States?	YES NO			authorized to w	YES rork in the U.S.?	NO	
YES NO YES Have you ever been convicted of a felony? ☐ ☐ Are you 18 years of age or older.? ☐					NO			
If yes, explain:								
		Educ	ation					
High School	:	Address:						
From:	To:	_ Did you graduate?	YES	NO	Diploma::			
College:		Address:						
From:	To:	_ Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	_ Did you graduate?	YES	NO	Degree:			
		Refer	ences					
Please list t	wo professional referenc	es.						
Full Name:					Relationship:			
Company:								
Address:								
Full Name:					Relation	nship:		
Company:						none:		
Address:								

	Previous E	mploym	nent					
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary:\$				
Responsibili	ties:							
From:	To:	Reason	for Leaving:_					
May we con	tact your previous supervisor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting S	Ending Salary:\$						
Responsibili	ties:							
From:	To:	Reason	for Leaving:_					
May we con	act your previous supervisor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary:\$				
Responsibili	ties:							
From:	To:	Reason	for Leaving:_					
May we con	act your previous supervisor for a reference?	YES	NO					
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
I understand that the Company is a Drug-free Workplace and that any offer of employment with the Company will be contingent upon me passing a pre-employment drug test for controlled substances, which may involve submitting a urine, blood or hair sample. I hereby freely and voluntarily consent to this request and agree to participate in the Company's drug testing program.								
Signature:			_	Date:				