ADAMS COUNTY REGIONAL WATER DISTRICT

Employment Application

APPLICANT INFORMATION											
Last Name		First		M.I.	Date						
Street Address				Apartment/Unit #							
City		State		ZIP							
Phone		E-mail Address									
Date Available		Social Security No.		Desired Salary							
Position Applied for											
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐						
Have you ever worked for this company?	YES ☐	NO ☐	If so, when?								
Have a valid driver's license?	YES ☐	NO ☐									
Have a Class A CDL license?	YES ☐	NO ☐									

EDUCATION											
High School					Address						
From		To		Did you graduate?	YES ☐	NO ☐	Degree				
College					Address						
From		To		Did you graduate?	YES ☐	NO ☐	Degree				
Other					Address						
From		To		Did you graduate?	YES ☐	NO ☐	Degree				

REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company		Phone
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company		Phone
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

Please Read Before Signing:
I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.
I authorize my previous employers, schools, or people listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.
In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.
I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature	Date