



WATER & AIR EMPLOYMENT APPLICATION



Date _____

Water & Air is an Equal Opportunity Employer and is committed to diversifying our workforce by hiring individuals without regard to race, color, religion, gender, sexual orientation, gender identify, national origin, age, disability, genetic information, marital status, amnesty status as a covered veteran, and all other classifications protected by law in accordance with applicable Federal, State, and Local laws. Each question should be fully and accurately answered. Information provided in this application will be kept confidential. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE

Current Address _____
STREET CITY STATE ZIP CODE

Permanent Address _____
STREET CITY STATE ZIP CODE

Home Phone _____ Cell Phone _____

Water & Air hires only United States citizen and lawfully authorized alien workers. If a conditional offer of employment is extended, you will be required to provide identification and proof of citizenship to work in the United States. Are you a United States citizen or legally authorized to work in the United States? Yes No

Are you 18 years of age or older? Yes No Do you hold a valid driver's license? Yes No

Have you ever worked, or applied for work, at Water & Air? Yes No

Dates _____ Position _____

How did you learn of Water & Air's employment opportunities?

DESIRED EMPLOYMENT Position _____ Salary _____

Are you seeking? Full Time Part Time Casual Part Time Available Start Date _____


EDUCATION

HIGH SCHOOL	NAME AND ADDRESS	YEARS COMPLETED	GRADUATE	COURSE OF STUDY	DEGREE EARNED
		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED		
		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR VOCATIONAL	NAME AND ADDRESS	YEARS COMPLETED	GRADUATE	COURSE OF STUDY	DEGREE EARNED
		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER	NAME AND ADDRESS	YEARS COMPLETED	GRADUATE	COURSE OF STUDY	DEGREE EARNED
		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		

1	Employer _____ Phone _____
	Address _____
	Manager's Name and Title _____
	Annual Rate _____ Employment (Month/Year) _____
	Starting _____ Ending _____ From _____ To _____
	Describe the type of work you were responsible for. _____ _____
	Explain your reasons for leaving or wanting to leave. _____ _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ _____	

2	Employer _____ Phone _____
	Address _____
	Manager's Name and Title _____
	Annual Rate _____ Employment (Month/Year) _____
	Starting _____ Ending _____ From _____ To _____
	Describe the type of work you were responsible for. _____ _____
	Explain your reasons for leaving or wanting to leave. _____ _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ _____	

ATTACH RESUME FOR ADDITIONAL POSITIONS

 **BREAKS IN SERVICE**

Please explain any breaks in employment in excess of three (3) months.

 **TERMINATIONS**

Have you ever been involuntarily terminated by an employer? Yes No If so, which employer and why?

 **BACKGROUND**

(Answering yes will not automatically disqualify an applicant from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.)

Have you ever been convicted, pled nolo contendere or guilty, or had adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? Yes No

If yes, please list the date, location and provide an explanation of each account. _____

 **REGISTRATION**


EIT Yes No Registration No. _____ State _____

Professional Registration Yes No Registration No. _____ Registration Type _____ State _____

 **LICENSURE**

PG Yes No License No. _____ State _____

PE Yes No License No. _____ State _____

 **PROFESSIONAL, EDUCATIONAL, OR CIVIC ORGANIZATION MEMBERSHIPS**

(Exclude those which may disclose your race, color, religion, gender, sexual orientation, national origin, age, disability, and all other classifications protected by law.)

 **PROFESSIONAL REFERENCES** *(If not previously employed, list personal references.)*

Name/Title _____ Telephone _____

Company _____ Address _____

Association With You _____ Years Known _____

Name/Title _____ Telephone _____

Company _____ Address _____

Association With You _____ Years Known _____

Name/Title _____ Telephone _____

Company _____ Address _____

Association With You _____ Years Known _____

What knowledge, skills, and abilities would you bring to Water & Air? _____

 **PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the facts set forth in the above employment application are true, correct, complete, and made in good faith. I authorize Water & Air to verify their accuracy and to obtain reference information about my ability, employment history and work performance by employers, schools, law enforcement agencies, and other individuals and organizations. I hereby release Water & Air from any and all liability of whatever kind of nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that if employed, falsified statements of any kind, misstatements, misrepresentations, or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, procedures, rules, and regulations of employment of Water & Air. However, I further understand that neither the policies, procedures, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Water & Air may terminate my employment at any time with or without notice or cause.

Signature _____ Date _____

THIS APPLICATION WILL REMAIN ON FILE FOR 90 DAYS FROM THE DATE THE APPLICATION WAS SIGNED AND DATED ABOVE.