

APPLICATION FOR EMPLOYMENT

Creek County Rural Water District #7
P.O. Box 318
Mounds, Oklahoma 74047

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Street Address		City, State, Zip
Home Telephone Number(s)	Business Telephone Number(s)	Social Security Number

Please answer the following questions by checking the appropriate column.

	Yes	No			
Have you ever filed an application with us before? If Yes, give date:					
Are you currently employed?					
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)					
Are you currently on "lay-off" status and subject to recall?					
Have you received Workers' Compensation or Disability Income payments?					
Do you have any physical defects which preclude you from performing certain jobs? If so, describe.					
Do you have any physical condition which might limit your ability to perform the job for which you are applying? If so, describe this condition and how you can perform the job in spite of it.					
Do you have a current driver's license?					
Have you been convicted of a crime within the last 7 years which has not been annulled, expunged or sealed by a court? (Conviction will not necessarily disqualify an applicant from employment.) If Yes, describe in full:					
On what date would you be available for work?					
Apart from absence for religious observance, are you available to work:	Full Time	Part Time	Shift Work	Over Time	Temporary

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Location	Course of Study	Years Completed	Graduate ?	Degree or Diploma
Elementary				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Business / Trade / Technical				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
College				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Graduate				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	

SPECIALIZED SKILLS

Fax <input type="checkbox"/>	Production/Mobile Machinery (list):	Other (list):
PC <input type="checkbox"/>	_____	_____
Calculator <input type="checkbox"/>	_____	_____
Typewriter <input type="checkbox"/>	_____	_____
	_____	_____

Describe any specialized training, apprenticeship, job-related skills, and qualifications acquired from employment or other experiences.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Company Name	Telephone
	Address	Employed - () From: To: (Month & Year)
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for leaving:

2	Company Name	Telephone
	Address	Employed - () From: To: (Month & Year)
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for leaving:

3	Company Name	Telephone
	Address	Employed - () From: To: (Month & Year)
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for leaving:

4	Company Name	Telephone
	Address	Employed - () From: To: (Month & Year)
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s): _____ Reason: _____

If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S STATEMENT

Please read the following statements carefully before you sign your name or initial where indicated

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this application will be sufficient reason for rejections of my application or for dismissal at any time during my employment, without liability to this company. I have read, understood and agree to the above statement. (Please initial here). _____

I further understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time and that this company is not guaranteeing employment for anyone. No employment contract is created by virtue of me being hired by this company. I have read, understand and agree to the above statement. (Please initial here). _____

If employed, I agree to abide by all of the work and safety rules of the company. I understand that this company is committed to maintaining a drug-free workplace. I am aware that the company may require a drug test as a part of the hiring process. Also, if employed, I realize that the company conducts random and for-cause drug testing of its employees. I have read, understand and agree to the above statement. (Please initial here). _____

I understand, also, that I am required to abide by all rules and regulations of the employer. (Please initial here). _____

I understand that this application will remain on file for 90 days for consideration. After 90 days, if I am still interested in a position with this company, it will be necessary for me to complete a new application form."

_____ Date

_____ Signature

REFERENCES

1. _____ ()
(Name) Phone #

(Address)

2. _____ ()
(Name) Phone #

(Address)

3. _____ ()
(Name) Phone #

(Address)