SEARCY WATER UTILITIES

300 NORTH ELM STREET
P.O. BOX 1319
SEARCY, ARKANSAS 72145

EMPLOYMENT APPLICATION

Fill out, using ink, in your own handwriting (do not type)

SECTION 1: GENERAL INFORMATION

Name (Last, First, Middle): _____ SSN: _____

Address (Street, St, Zip): _____ Phone No. _____

Have you ever been employed at Searcy Water Utilities? ( ) YES ( ) NO

If yes, List Dates: _____ Name Used: _____

Do you have any relatives employed at Searcy Water Utilities? ( ) YES ( ) NO

If yes, list name(s): _____ Relationship: _____

Have you ever been convicted of a crime other than a traffic offense? ( ) YES ( ) NO

If yes, specify the nature of the crime and when committed _____

SECTION 2: EDUCATION AND TRAINING

Type of Training	School Name/ Location	Dates Attended	Highest Year Completed	Field of Study	Diploma or Degree
High School GED, or Equiv.			9 10 11 12		
Trade or Vocational			1 2 3 4		
College or University			1 2 3 4		
Graduate/ Professional			1 2 3 4		
Other					

SECTION 3: EXPERIENCE

LIST MOST RECENT POSITIONS FIRST. INCLUDE PERIODS OF MILITARY SERVICE

Dates	Employer's Name/Address	Job Title	Pay Rate	Reason for Leaving
From Month Year		Start	Start	
To Month Year		End	End	
From Month Year		Start	Start	
To Month Year		End	End	
From Month Year		Start	Start	
To Month Year		End	End	
From Month Year		Start	Start	
To Month Year		End	End	
From Month Year		Start	Start	
To Month Year		End	End	
From Month Year		Start	Start	
To Month Year		End	End	

SECTION 3: CONTINUED

ARE YOU OVER THE AGE OF 18: ( ) YES ( ) NO

SEARCY WATER UTILITIES REQUIRES EMPLOYEES WHO OPERATE A MOTOR VEHICLE TO BE 21 YEARS OF AGE OR OLDER. DO YOU MEET THIS REQUIREMENT? ( ) YES ( ) NO

DO YOU HAVE A CURRENT ARKANSAS DRIVER'S LICENSE? ( ) YES ( ) NO

If yes, what is the license number?_____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? ( )YES ( ) NO

If yes, list all endorsements _____

DO YOU HAVE A CURRENT ARKANSAS WATER OPERATOR'S LICENSE? ( ) YES ( ) NO

DO YOU HAVE A CURRENT ARKANSAS WASTEWATER OPERATOR'S LICENSE? ( ) YES ( ) NO

LIST HERE ANY SPECIAL TRAINING, SKILLS, OR KNOWLEDGE: _____

_____

_____

_____

SECTION 4: POSITION(S) APPLYING FOR

What position or positions are you applying for?

(1) _____ (2)_____

Earliest date available: _____

Will military/other obligations affect your shift assignment or schedule? ( ) YES ( ) NO

If yes, please describe: _____

IN THE SPACE BELOW, STATE WHY YOU WISH TO WORK FOR SEARCY WATER UTILITIES AND EXPLAIN WHAT YOU THINK ARE YOUR QUALIFICATIONS FOR SUCCESSFUL WORK.

_____

_____

_____

_____

_____

SECTION 5: AGREEMENT

IN MAKING THIS APPLICATION FOR EMPLOYMENT WITH SEARCY WATER UTILITIES, I UNDERSTAND THAT:

I voluntarily agree that you may check any information I have given to you. Further, I authorize any former employer to furnish information to you concerning my employment with them. I further agree that you are authorized to make copies of the documents, which shall have the same effect as the original, and that your employment decision may be based upon information furnished by my prior employers.

Unless otherwise stated by management of Searcy Water Utilities, all applications will remain active for 30 days. If, at the end of that period, I have not been employed and wish to have my application remain in effect, I must notify Searcy Water Utilities in writing prior to the expiration of the initial 30-day period, and my application will automatically be extended another 30 days. If at the end of the 30-day extension I still have not been employed, I will not be considered an active applicant and I must once again complete an Application for Employment.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions of fact called for in this application shall be cause for rejection of this application or for subsequent discipline or dismissal from employment.

Signature: _____ Date: _____