

THE IRRIGATORS

APPLICATION FOR EMPLOYMENT

EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME _____ DATE _____
Last First Middle

SOCIAL SECURITY # _____

PRESENT ADDRESS _____
Street/Rural Route Box # City State Zip

PERMANENT ADDRESS _____
Street/Rural Route Box # City State Zip

HOME PHONE _____ WORK PHONE _____

TRANSPORTATION _____ YES _____ NO

VALID DRIVERS LICENSE _____ YES _____ NO

DRIVERS LICENSE # _____

TYPE OF INSURANCE/INSURANCE COMPANY _____

U.S. CITIZEN _____ YES _____ NO

DATE YOU CAN START _____

ARE YOU CURRENTLY EMPLOYED _____ YES _____ NO

IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER _____ YES _____ NO

EVER APPLIED WITH THIS COMPANY BEFORE _____ YES _____ NO

IF SO, WHEN _____ WHERE _____

EDUCATION	NAME/LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS/ CORRESPONDENCE SCHOOL				

The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL COMPANY TRAINING AND SPECIAL SKILLS _____

U.S. MILITARY OR NAVAL SERVICE/RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

PREVIOUS EMPLOYMENT: List starting with current or most previous.					
DATES	EMPLOYER NAME/ADDRESS	PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES: Give the names of three (3) persons not related to you whom you have known at least one (1) year				
NAME	ADDRESS	BUSINESS	PHONE #'S	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY:

Name _____ Address _____ Phone Numbers _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein, and the references listed above, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without prior notice.

Signature _____ Date _____

EMPLOYEE AGREEMENT WITH THE EMPLOYER:

If hired, I agree as follows:

1. To work the number of hours per day or week as required by the position.
2. To accept supervision and/or instruction from assigned supervisor.
3. To inform my supervisor in advance of any absences from work.
4. To not expect pay for absence periods when absences exceed accumulated compensatory, vacation, or sick leave, if such provisions are authorized within my work program.
5. To work on projects assigned, even though projects do not conform to my hired position job description.

Signature _____ Date _____