

FIRGROVE MUTUAL WATER COMPANY
 AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

Personal Information

Name (Last Name First)	Social Security No.		
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone No. ()	Referred By		

Employment Desired

Position	Date You Can Start	Salary Desired
Are you currently employed? Yes No	If so, may we inquire of your present employer? Yes No	
Have you every applied to this company before? Yes No	When?	

Education History

	Name & Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

General Information

Subjects of Special study/research, work, or special training/skills	
US Military Service	Rank

Former Employer (List below your last four employers, starting with most recent one first)

Date mm/yyyy	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Please list three people not related to you that you have known for at least one year)

Name	Address	Telephone	Business	Years Known

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Remarks _____

Neatness		Character		
Personality		Ability		
Hired	For Dept.	Position	Will Report	Salary/Wages

Approved 1 _____ 2 _____ 3 _____
Employment Manager Department Head General Manager