

EMPLOYMENT APPLICATION

P.O. Box 3157
6332 Zebulon Hwy
Pikeville, KY 41502
606-631-9162

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date _____ Start Date _____

Full Time Part Time Temporary Referral Source _____

Name: _____

Street Address: _____ Phone: _____

City/State/Zip: _____

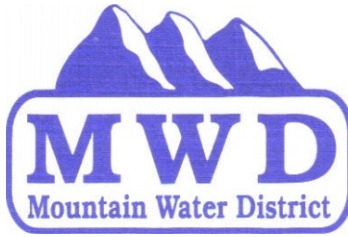
EMPLOYMENT ELIGIBILITY: To be employed by **Mountain Water District**, you must meet certain state and federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? YES NO
2. Are you an alien authorized to work in the United States? YES NO N/A
3. Have you ever been convicted of or charged with a felony or misdemeanor: Yes No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been the subject of any receivership proceedings within the last 7 years?

Yes No

If Yes, please provide full details, including dates, places, amounts involved and disposition:



EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

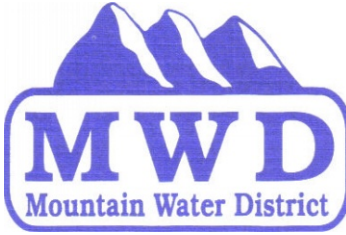
Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____



Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

MILITARY SERVICE

: (A copy of a report of separation from the Armed Services may be required)

1. Are you a veteran? YES NO If yes, list type of discharge: _____

2. Dates of service (From/To) _____

3. Are you a surviving spouse of a veteran who has not remarried? YES NO Are you a surviving orphan of a veteran? YES NO If yes, dates of service for veteran: _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Name: _____

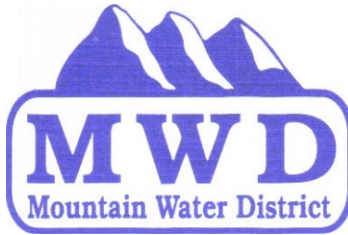
Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

LANGUAGE SKILLS: Check any which apply to you. Multilingual (Specify languages)
Sign Language



LICENSING/CERTIFICATION: If a license or certification is required or related to the position for which you are applying, complete the following:

<i>License</i>	<i>Date Issued</i>	<i>Date Expires</i>	<i>Issuer/Location of Issuing Authority</i>	<i>License No.</i>

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

I AUTHORIZE any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release such parties from all liability from any damages which may result from furnishing such information to you.

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize **Mountain Water District**, to investigate any statement contained in this application and, as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in refusal to hire or immediate termination if hired. I understand also, that I am required to abide by all rules, regulations and policies of **Mountain Water District**.

Signed: _____
 Date: _____

FOR _____ USE ONLY:

Arrange Interview: Yes No Date: _____ Place: _____

Remarks: _____

Approved: Yes No Date: _____
 By: _____