Employment Application – Short Form An Equal Opportunity Employer

Please P	rint		•			
Date	Last Name		First Name	Middle		
Present A	Address					
No. & Stre Permane		ferent from present	City t address)	State	Zip	
No. & Stre	et		City	State	Zip	
()		()				
Business P	hone	Home Phone	Social Security Numb	oer .		
	ment Desired applying for:					
	I Information a ever applied to o	or worked for Blue	e Lake Springs Mutual Water (Co. before?	Yes	No
If yes, w	hen?					
Do you h	ave any friends of	r relatives working	g for Blue Lake Springs Mutua	al Water Co.?	Yes	No
If yes, sta	ate name(s) and re	elationship:				
Name				Relationship		
Name Why are	you applying for	work at Blue Lake	e Springs Mutual Water Co.?	Relationship		
If hired,	would you have a	reliable means of	transportation to and from wo	rk?	Yes	No
			nire is subject to verification th		Yes	No
•		•	.S. citizenship or proof of your	-	Yes	No

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, School	Training and Experience Name and Address			Ņ C	o. of years Completed	Did you Graduate?	Degree or Diploma
High School						Yes No	
	Name						
	Address						
			-				
	City	State	Zip				
College						Yes No	
	Name						
	Address						
			-				
	City	State	Zip				
Vocational						Yes No	
	Name						
	Address						
			-				
	City	State	Zip				
Other						Yes No	
	Name						
	Address						
			-				
	City	State	Zip				

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Employment History					
List below all present and pas	t employment starting v	with your most rec	ent employer	(last five years is sufficie	ent).
Account for all periods of une	mployment. You must	complete this sect	tion even if att	aching a resume.	
		()			
Name of Employer		Telephone No.			
Type of Business		Your Supervisor	's Name		
				-	
Address & Street		City		State Zip	
Dates of Employment:		Weekly Pay:			
	То		Starting	Ending	
From	10		Starting	Eliding	
Your Position and Duties					
Reason for Leaving					
May we contact this employer	r for a reference?	•••••		Yes No	
Name of Employer		Telephone No.			
		, ,			
Type of Business		Your Supervisor	's Name		
				-	
Address & Street		City		State Zip	
Dates of Employment:		Weekly Pay:			
			0	r. I	
From	То		Starting	Ending	
Your Position and Duties					
Reason for Leaving					
May we contact this employe	r for a reference?			Yes No	
References List below three persons not r	solatad ta viasi suba bassa	lemanuladas afria	um vyank manfa	rmonoo within the last th	raa
-	ciaicu io you who have	knowiedge of yo	ar work beito	imance within the last th	. 05
years.					
	*		()	m to the Ale	
First Name	Last Name			Telephone No	

City

No. of Years Acquainted

Address & Street

Occupation

Zip

State

	es, continued		()	Telepho	one No
First Name	Last Name		_		Tetepin	one ivo
Address & S	Street	City			State	Zip
Occupation		No. of Year	s Acquainted			
First Name	Last Name		()	Teleph	one No
Address & S	Street	City	-		State	Zip
Occupation		No. of Year	s Acquainted			
Please Re	ead Carefully, Initial Each Paragraph a	nd Sign Below				
Initials	I hereby certify that I have not knowingly chances for employment and that the ansknowledge. I further certify that I, the unapplication. I understand that any omission	swers given by ndersigned appl ion or misstaten	me are true icant, have nent of ma	e and one person terial t	correct to nally cor fact on th	the best of my mpleted this his application or on
Initials	chances for employment and that the ansknowledge. I further certify that I, the un	swers given by ndersigned applion or misstaten int shall be grouregardless of the ughly investigated all letters, repof such disclosuons, corporation	me are true icant, have nent of ma nds for rej e time elap te my refer and, further orts and ot ire. In addi is, partners	e and conternal fraction sed be rences. The content of the conten	correct to mally confact on the of this ap- ifore disconfact, work re- orize the formation hereby re- and association	the best of my mpleted this application or on pplication or for covery. Scord, education and references I have a related to my work release the company, iations from any and