

Agassiz Water Users District Application for Employment

Position You Are Applying For _____

Desired Salary _____

Date Available for Work: _____

PERSONAL INFORMATION			
Last Name	First Name	Middle	
Address	City	State	Zip
Home Phone: _____	Cell Phone: _____	Email address: _____	
Social Security Number: _____			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Yes, please explain _____			

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT	
Employer: _____	Dates Employed: _____
Work Phone: _____	Pay Rate: \$ _____ to _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES			
Name	Title	Company	Phone

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____