

APPLICATION FOR EMPLOYMENT

Paris-Henry County Public Utility District (PHCPUD) is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: Date:
Address:
City: State: Zip: Phone:

APPLICANT QUESTIONS:

Type of worked desired: Salary desired: Date Available:

Are you related to anyone that works at PHCPUD? Yes No.

If yes, who, and how related?

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

How were you referred to PHCPUD?

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION:

High School or last grade completed:

Name & Address of School:
Course of Study: Number of years completed:
Degree/Diploma:

College or Technical School:

Name & Address of School:
Course of Study: Number of years completed:
Degree/Diploma:

Other Schooling or Training:

Name & Address of School:

Course of Study: Number of years completed:

Degree/Diploma:

MILITARY EXPERIENCE:

Branch of Service: From: To:

Rank/Type of Service:

Special Training/Experience:

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: Telephone:

Address:

Position Title:

Start Date: Date Left: Beginning Salary: Ending Salary:

Duties:

Reason for Leaving:

Employer: Telephone:

Address:

Position Title:

Start Date: Date Left: Beginning Salary: Ending Salary:

Duties:

Reason for Leaving:

Employer: Telephone:

Address:

Position Title:

Start Date: Date Left: Beginning Salary: Ending Salary:

Duties:

Reason for Leaving:

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Occupation	Years Known	Contact Information
1.				
2.				
3.				

STATEMENT (Please read this statement carefully before signing this application):

I authorize PHCPUD to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release PHCPUD, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that PHCPUD will require the successful completion of a drug and/or alcohol test as a condition of employment. I also understand that continued employment is based upon a no-tolerance policy for any employee who tests positive for drugs or alcohol. Violation of the policy is grounds for immediate dismissal or termination.

I understand this application will be active for a period of 180 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____