

CHATSWORTH WATER WORKS COMMISSION

Employment Application



**PLEASE FILL OUT COMPLETELY AND PLEASE DO NOT CALL TO CHECK ON APPLICATION.
IF YOU ARE NEEDED FOR AN INTERVIEW WE WILL CONTACT YOU.**

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address		Social Security No.:	
City		State	ZIP
Home Phone		Cell Phone No. :	
Date Available:		Date Available:	
Position Applied for		Desired Salary:	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references (No relatives)</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>"I certify that my answers are true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at anytime. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and or without notice at anytime at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the General Manager, and then only when in writing and signed by the General Manager has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing"</p>	
Signature	Date

MURRAY MEDICAL CENTER

CONSENT FORM FOR CHATSWORTH WATER WORKS COMMISSION

By signing below I have given my consent to a urine drug screen. This lab exam is performed as a routine portion of the pre-employment exam and is a condition of employment. I also understand that the cost of this exam will be borne by the above company. Furthermore, I understand that if I am hired for employment before the results of the urine drug screen are known, and any portion of the drug screen results are positive upon my return, I could be automatically dismissed. I hereby release Murray Medical Center and hold harmless its employees, all physicians, laboratories and the above company, and their successors from all claims of property damage, personal injury, and any other liability that might arise from this procedure. I understand that Murray Medical Center and the above company are providing this service with my knowledge and consent.

PLEASE DO NOT GO TO MURRAY MEDICAL CENTER UNLESS

WE HAVE MADE YOU AN APPOINTMENT

I have read and understood all of the above.

Signature of applicant

Date