

# APPLICATION FOR EMPLOYMENT

**ODENVILLE UTILITY BOARD**  
629-5801

**NOTICE TO APPLICANTS**

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

**PERSONAL DATA**

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 PERMANENT ADDRESS \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ HOW LONG AT ABOVE ADDRESS? \_\_\_\_\_  
 PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 POSITION APPLIED FOR \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_  
 Salary Expected \_\_\_\_\_ Hr \_\_\_\_\_ Year \_\_\_\_\_ Month How Did You Hear of Opening? \_\_\_\_\_  
 Full Time  Part Time - If Part Time: Hours You Can Work - Mon-Fri \_\_\_\_\_ Sat/Sun \_\_\_\_\_  
 HAVE YOU WORKED WITH US BEFORE?  NO  YES - If Yes, Explain Listing Previous  
 Job/Title/Location and Length of Service \_\_\_\_\_  
 WHAT WAS YOUR REASON FOR LEAVING? \_\_\_\_\_  
 LIST ANY FRIENDS AND/OR RELATIVES WORKING WITH US NOW \_\_\_\_\_  
 \_\_\_\_\_  
 DO YOU SPEAK ANY FOREIGN LANGUAGES FLUENTLY?  NO  YES - Please List \_\_\_\_\_

**ANSWER IN THIS SECTION ONLY IF BOX BESIDE QUESTION IS "X"**

- ARE YOU OVER 21?  YES  NO (If NO, Hire is Subject to Minimum Legal Age Verification)
- SEX:  Male  Female  Height: \_\_\_\_\_ ft \_\_\_\_\_ in.  Weight: \_\_\_\_\_ lbs.
- MARITAL STATUS:  Single  Married  Separated  Divorced  Widowed  
 Number of Years Married \_\_\_\_\_ No. of Dependents \_\_\_\_\_
- HAVE YOU EVER BEEN BONDED?  NO  YES - WHEN \_\_\_\_\_
- HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (Including Traffic Violations)  NO  Yes - Explain \_\_\_\_\_
- DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPES OF WORK?  NO  YES - Explain \_\_\_\_\_
- HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS?  NO  YES - Explain \_\_\_\_\_

**EDUCATION**

NAME AND LOCATION OF SCHOOL	CIRCLE LAST GRADE FINISHED	GRADUATED	MAJOR/DEGREE	GRADE POINT AVERAGE
	1 2 3 4 5 6	<input type="checkbox"/> YES <input type="checkbox"/> No		
	6 7 8 9	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	13 14 15 16	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> Masters <input type="checkbox"/> Doctor <input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

# EMPLOYMENT HISTORY

LIST IN REFERENCE ORDER BEGINNING WITH PRESENT EMPLOYER		PRESENT/PREVIOUS EMPLOYEE DATA			
(1) Company Name	(3) City, State & Zip	POSITION	DATES		REASON
(2) Address	(4) Contact & Phone No.	JOB/TITLE	FROM	TO	FOR LEAVING
			BEGINNING	ENDING	
1					
2					
3					
4	<input type="checkbox"/>				
1					
2					
3					
4	<input type="checkbox"/>				
1					
2					
3					
4	<input type="checkbox"/>				
1					
2					
3					
4	<input type="checkbox"/>				
1					
2					
3					
4	<input type="checkbox"/>				

## REFERENCES

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE AS A REFERENCE —  
 X CHECK IF YES  LEAVE BLANK IF NO.

## PERSONAL REFERENCES

NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER

LIST ONLY PERSONS WE MAY CONTACT — BE SURE TO INCLUDE PHONE NUMBER