

# APPLICATION FOR EMPLOYMENT

TATE MONROE WATER ASSN., INC.  
MAILING ADDRESS                      LOCATION  
 P.O. Box 90                                      2599 St. Rt. 232  
 Bethel, OH 45106                              New Richmond, OH 45157  
 PHONE 734-2236

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For						Date of Application	
How Did You Learn About Us?							
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____			
Last Name		First Name			Middle Name		
Address	Number	Street	City	State	Zip Code		
Telephone Number (s)				Social Security Number			

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant for employment*

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> Data Entry <input type="checkbox"/> PC <input type="checkbox"/> Calculator <input type="checkbox"/> Typewriter	<input type="checkbox"/> GIS/GPS <input type="checkbox"/> CAD <input type="checkbox"/> Excel <input type="checkbox"/> Word	Production/Mobile Machinery (list) _____ _____ _____	Other (list): _____ _____ _____ _____
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State any additional information you feel may be helpful to us in considering your application.


Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES     NO

## References

1.	_____ (Name)	(    )	_____ (Phone #)
	_____ (Address)		
2.	_____ (Name)	(    )	_____ (Phone #)
	_____ (Address)		
3.	_____ (Name)	(    )	_____ (Phone #)
	_____ (Address)		
4.	_____ (Name)	(    )	_____ (Phone #)
	_____ (Address)		

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

Indicate any foreign language you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States Military.


