The Water Store, Inc. Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DI ICATION FOR EMPLOYMENT	_

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS PLEASE COMPLETE PAGES 1-4. DATE Name ____ Middle Maiden Present address _____ Street City State How long _____ Social Security No. _____ - ___ - ___ Telephone () If under 18, please list age Days/hours available to work Position applied for (1) No Pref _____ Thur ____ and salary desired (2) Mon _____ Fri ____ Tue ____ Sat ____ Wed ____ Sun ____ (Be specific) How many hours can you work weekly? _____ Can you work nights? _____ Employment desired __ FULL-TIME ONLY __ PART-TIME ONLY __ FULL- OR PART-TIME When available for work? TYPE OF SCHOOL NAME OF SCHOOL LOCATION NUMBER OF YEARS MAJOR & (Complete mailing COMPLETED **DEGREE** address) High School College Bus. or Trade School Professional School HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DI ICATION EOD EMDI OVMENT	

DO YOU HAVE A DRIVER'S LICENSE?Yes	No	
What is your means of transportation to work?		
Driver's license number State of Expiration date	issue	_ Operator Commercial (CDL) Chauffeur
Have you had any accidents during the past three yea Have you had any moving violations during the past th		How many?
	OFFICE ONLY	
Yes TypingNoWPM PersonalYesPC ComputerNoMac	Yes 10-keyNo Other Skills	WordYes ProcessingNoWPM
Please list two references other than relatives or previous	ous employers.	
Name	Name	
Position		
Company		
Address		
7.001000		
Telephone ()	Telephone	
An application form sometimes makes it difficult for an space below to summarize any additional information which you are applying.		

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APPLICATION FO	OR EMPLOYMENT		
MILIT	TARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES?	YesNo		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	Yes	No	
Specialty Date En	tered	Discharge Date	
Work Please list your work experience for the past of			job held.
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.			`
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wor	ked at this

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APPLICATION FOR EMPLOYMENT

Name of employer	Name of last	Employment dates	Pay or salary
Address	supervisor		
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used company.			
May we contact your present employer?Year Pid you complete this application yourselfYear Finot, who did?	esNo esNo		
mod mo dia.			
		Daytime pho	ne:
n case of accident or illness please contact; Name:		Daytime pho	
n case of accident or illness please contact: Name:			
n case of accident or illness please contact: Name: Address: Information to the applicant: As part of our procedure for procedure for procedure for procedure for procedure for procedure for your have misrepresented or omit have be discharged from your job. You may make a written require for the procedure for may be required to: supply your procedure for the procedure	ted any facts on this application, and are est for information derived from the chec ur birth certificate or other proof of autho	Relationshi	p:
n case of accident or illness please contact: Name:	ted any facts on this application, and are est for information derived from the chec ur birth certificate or other proof of autho	Relationshi	p:
n case of accident or illness please contact: Name: Address: Information to the applicant: As part of our procedure for procedure for procedures may be checked. If you have misrepresented or omit may be discharged from your job. You may make a written require frecessary for employment, you may be required to: supply you have a physical examination and/or a drug test, or to sign a confunderstand and agree to the information shown above:	ted any facts on this application, and are est for information derived from the chec ur birth certificate or other proof of autho	Relationshi	p:
n case of accident or illness please contact: Name: Address: Information to the applicant: As part of our procedure for procederences may be checked. If you have misrepresented or omit may be discharged from your job. You may make a written require for necessary for employment, you may be required to: supply you have a physical examination and/or a drug test, or to sign a contact.	ted any facts on this application, and are est for information derived from the checur birth certificate or other proof of authorisis of interest agreement and abide by it required by federal law to have an Affirm and may ask your national origin, race	Relationshi our personal and employment e subsequently hired, you cking of your references. orization to work in the US, ts terms. Date: mative Action Program, all and sex for planning and	p: