



Employment Application

206 S. Keene St.
 Columbia, MO 65201
 Phone: (573) 874-8080
 Fax: (573) 449-2040
 www.alliancewater.com

Applicant Information

Position Applied For: _____
Title *Location*

How did you find out about the position? _____ Date Available: _____

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City _____ State _____ ZIP Code _____

Phone: () _____ Desired Salary: _____

Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you work overtime if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you travel if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you be willing to relocate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a high school diploma or GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked under other names?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list: _____		
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: _____		
Are you related to an Alliance employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name & relationship: _____		
Are you related to any clients of Alliance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name & relationship: _____		

Education & Training

College: _____	Degree: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College: _____	Degree: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other: _____	Degree: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Certifications, Licenses, Skills

List water and sewer licenses you hold: _____

List all machines/equipment you can operate (include years of experience): _____

List any specialized skills or training previously acquired (include computer skills): _____

Do you have a valid driver's license? YES NO If yes: _____
Driver License Number *Expiration Date* *State* *Class*

Date of last DOT physical (if applicable) _____ Endorsements: _____

Have you had any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle? YES NO

If yes, explain: _____

Previous Employment

List your employment experience beginning with the most recent or current employer. Include any military or volunteer experience. Attach a separate sheet if necessary. Explain gaps in employment.

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? YES NO

Job Title: _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? YES NO

Job Title: _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? YES NO

Job Title: _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

Disclaimer and Signature

Please read carefully and sign. Applications not signed will not be considered.

I certify that all information contained in this application is true and complete and I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for refusal of or dismissal from employment.

In consideration of my employment, I agree to conform to the rules and regulations of Alliance Water Resources.

I understand that this application does not represent an offer or contract for employment. I understand that employment with Alliance Water Resources is "at will" and employment can be terminated without specified notice or reason at any time at the option of either Alliance Water Resources or myself.

I understand that if considered for employment, I will not be hired until I have passed a pre-employment drug/alcohol screen and/or medical examination. I hereby consent to undergo a drug/alcohol screen and/or medical examination as part of my application for employment at Alliance Water Resources.

Further, I authorize the hospital, clinic and/or testing facility to release to Alliance Water Resources the results of such examination and testing and I release Alliance Water Resources, its doctors, medical personnel and the testing facility from any and all liability arising from the release or use of this information.

My signature also authorizes Alliance Water Resources to review my previous employment (except where indicated), driving and criminal records and/or background data as it may relate to the positions for which I am applying or have been hired. My signature also authorizes my previous and current employers to release to Alliance Water Resources any information they may have regarding my employment record.

Signature: _____ Date: _____