

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: _____
Street: _____
City: _____ State: _____ May we contact this supervisor for a reference?
Yes No
Job Title: _____ Ending Salary: \$ _____
From: _____ To: _____ Reason for Leaving: _____
Responsibilities: _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Street: _____
City: _____ State: _____ May we contact this supervisor for a reference?
Yes No
Job Title: _____ Ending Salary: \$ _____
From: _____ To: _____ Reason for Leaving: _____
Responsibilities: _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Street: _____
City: _____ State: _____ May we contact this supervisor for a reference?
Yes No
Job Title: _____ Ending Salary: \$ _____
From: _____ To: _____ Reason for Leaving: _____
Responsibilities: _____

Disclaimer and Signature

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