

Application for Employment Coastal Valley Water Company

709 Silhavy Road Valparaiso In 46383 - 219-476-1135

		Email a	ddress:		
First Name Middle Las	t				
Street Address	City		State		Zip Code
Are you legally eligible to be employed in the upon employment:	e United States? (Proof of ic	lentity and	d eligibility	will be required
Are you a United States Military Veteran?		Do you h	ave reliab	ole transpo	rtation?
Are you at least 18 years of age or older? (If I	no, you may be r	equired to	provide (authorizati	on to work)
Do you have a valid Driver's License?		Do you h	ave a Cla	ss A or B C	:DL?
Position applying for:	Temporary	y	Part time)	Full time
Are you able to perform the essential function accommodation?	-	-		_	
Who referred you?		Rate of p	ay expec	ted?	
Have you worked for this company before? _		If yes,	Dates:	From:	То:
Names of any relatives employed by this cor	npany:				
Are you currently employed?	If so, may	we inquir	e of your	present en	nployer?
f presently employed, why are you consider	ing leaving?				
Within the last seven years, have you ever be expunged by a court? (A conviction will not i		-			
f Yes, please explain:					
Character of all that Calculate Callings and	Educa	_			a la consecuella consecuel
Give record of all High Schools, Colleges, Uni	versities and voc	ational/16	ecnnicai s	cnools you	J nave attended.
High School attended:				_ Did you	Graduate?
Are you currently a student? Yes or No	If yes, Who	ere?			
College/University/Vocational/Technical:			Did	you Gradu	ate?
"I certify, by signing below, that the statemen my knowledge and understand that, if emplo dismissal."	its contained in th	is applica	ation are tr	ue and co	emplete to the best of
Signature of Applicant		Date			

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Employment Record (to be completed by all applicants)

**Please note if you are applying for a driver position the U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this period. (~391.21) (B) (10), (11)

Attach a separate piece of paper if necessary.

				From:	To:		
Employ	er (present or most	recent)	_		(mo/yr)		
	Street Address		_		Reason for leaving		
City	State	Zip	_	May we contact thi	is emplover?		
,	0.0.0	P		,	o omproyen		
			_	Yes	(Circle one)	No	
	Telephone number						
Job title		Salary	_		Supervisor Name & Title	,	
Job description or duti	os:						
Job description of don	cs.						
				_	_		
	Employer (previous	1	_	From:	To: (mo/yr)		
•	employer (previous)	,			(IIIO/ yI)		
	Street Address		_		Reason for leaving		
City	State	Zip	_	May we contact thi	is employer?		
•		•		,	. ,		
			_	Yes	(Circle one)	No	
	Telephone number						
Job title		Salary	_		Supervisor Name & Title	<u> </u>	
Job description or duti	es:						
			_	From:	То:		
1	Employer (previous))			(mo/yr)		
	Street Address		_	_	Reason for leaving		
City	State	Zip	_	May we contact thi	is amployar?		
City	Sidle	ΣΙΡ		May we comaci in	s employer:		
			<u></u>	Yes	(Circle one)	No	
	Telephone number						
Job title		Salary	_		Supervisor Name & Title)	
		,					
Job description or duti	es:						

Driving Experience & Qualification

Answer the questions in this section only if applying for a drivers position.

Date of Birth Month	Day	Year				ion requires that a (~391.21) (b)(2)	lriver		
								Circle	One
A. Do you currently h	old a Co	mmercial	Drivers Lice	nse (CDL)?			Yes	No
If yes, what	class?								
For what st	ates do y	ou hold a	CDL license	?					
B. Have you ever bee	en denied	d a license	e, permit or p	privilege	to operat	te a motor veh	icle?	Yes	No
C. Has any license, p	ermit or p	orivilege e	ver been su	uspended	d or revok	ced?		Yes	No
D. Have you ever bee	en disquo	alified for v	riolations of	the Fede	eral Motor	Carrier Safety	Reg?	Yes	No
If you answ	ered "ye	s" to A, B c	or C, attach	a statem	ent giving	g details.			
E. Have you taken ar	y course	s or trainin	ng that will h	nelp you	as a drive	er?		Yes	No
If so, list the	em								
Accident Review fo	r the pa	st 3 years	;						
Date		Nature of	Accident (I	Head-on,	. Rear-en	d, Overturn, et	c)	Fatalities	Injuries
Last Accident									
Next Previous									
Next Previous									
Traffic Convictions	and Forfe	eitures foi	the past 3	3 years o	other tha	n parking vio	lations		
Location		D	ate			Charge		Pen	alty

Truck Driving History

Class of Equipment	Type of Equipment	Dates	Approximate # of Miles Driven
Straight Truck			
Tractor and Semi-Trailer			
Truck and Two Trailers			
Other:			



RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING:

- 1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested. If it is, I will be asked to sign a separate consent.
- 2. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- 3. As a prerequisite for employment with Coastal Valley Water Company, I understand that it will be necessary to verify my education, employment, and activities during employment. I have completed and reviewed the information contained in this Employment Application and, to the best of my knowledge, believe the information to be correct and complete.

I hereby authorize the educational institutions listed on my Employment Application to release information requested by Coastal Valley Water Company. I also authorize the employers and references indicated on my Employment Application to release information requested by Coastal Valley Water Company, pertaining to my activities when unemployed, prior employment status, dates, title of position, duties, salary, job performance and the reasons for the termination of my employment.

- 4. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- 5. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, Check this box \Box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800/367-5933.
- 6. I further understand that in the event of employment, I am required to abide by all rules and regulations of Coastal Valley Water Company, and that any false or misleading information given in this application or any interviews, regardless of when it is discovered, may result in immediate dismissal.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release Coastal Valley Water Company and these agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information reports.

HireRight, Inc. or another consumer reporting agency will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800)400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx

Please print your full name	LAST	FIRST		MIDDLE	
Please print other names you	have used				
1					
Home Address					
City		State		Zip Code	
Social Security Number			Date of Birth		
The following states require s AL, AR, FL, GA, IA, IL, IN, Sex:	MI, OR, TX, WI	n information:			
Race: Asian	□ Female □ Black	☐ Hispanic	□ White	☐ Other	
Drivers License Number			State Issuing Lic	ense	
Name as it appears on license	:				
Signature		Today's	s Date		
IF REQUIRED, NOTARIZE When using an embossed sea		encil before faxing.	Subs	cribed and sworn before me:	
			Name		
			Date		
			Nota	ry Public	



COASTAL VALLEY WATER COMPANY Employment Credit Bureau Disclosure Form

Dear Applicant:

It is the policy of Coastal Valley Water Company to obtain a credit bureau report with respect to your application for employment. A credit bureau report is defined in part as:

Any written, oral or other communication of any information by a credit reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation. If any adverse action is to be taken based upon the applicant's credit bureau report, a copy of the credit bureau report and a summary of rights will be provided to the applicant.

Before Coastal Valley will request the credit bureau report, you must give your written consent.

CONSENT

I hereby give my consent to Coastal Valley Water Company to obtain a credit bureau report with respect to my employment application.

Applicant Signature:	 	 	
Date:			
Print Name:	 	 	
Street Address:			
City/State/Zip:	 	 	
Phone Number:			
Social Security Number:			



PRE-EMPLOYMENT DRUG SCREENING AUTHORIZATION

Coastal Valley Water, supports the overwhelming evidence that illegal drug use has a detrimental impact on job performance. For this reason, Coastal Valley Water, has a Drug and Alcohol policy in place. The provisions of this policy are stated in the Coastal Valley Water employee handbook.

I understand and agree that, if I am offered a position at Coastal Valley Water, I will be required to take a pre-employment drug and/or alcohol test and that, if employed; I will be subject to testing for drugs and alcohol at any time I am at work.

Signature of Applicant	Date