

Wagoner County Rural Water District #4

9816 S. 239th East Avenue

Broken Arrow, OK 74014-3337

918-258 2331 Fax 918-251-5206

Web Site: www.wagonerrwd4.com

Application for Employment

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Please complete pages 1-4.

Date _____

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip

How Long: _____ Social Security No. _____

Telephone: () _____

Cell Phone: () _____

Position applied for: _____

Employment desired? Full-time only Part-time only Full or Part-time

Can you work nights. _____? Can you work overtime. _____?

When are you available for work? _____

Type of School	Name of School	Location (address)	Years complete	Major /Degree
High School				
College				
Bus. Or Trade school				
Professional school				

List job skill which you are proficient at:

MILITARY

Have you ever been in the Armed Forces? Yes No
 Are you now a member of the National Guard or Reserve? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held.
 If you were self-employed, give firm name.

Name of Employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	
	Your last job title:		
	Reason for leaving (be specific)		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company,

Name of Employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	
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Name of Employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor _____	Employment dates From To _____	Pay or salary _____
		Your last job title: _____	
		Reason for leaving (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company, 			
Name of Employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor _____	Employment dates From To _____	Pay or salary _____
		Your last job title: _____	
		Reason for leaving (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company, 			

May we contact your present employer? Yes No
 Did you complete this application yourself? Yes No
 If not, who did? _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's license number _____ State of issue _____ Operator
 Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? yes No How Many? _____
Have you had any moving violation during the past three years? How Many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____

An application form sometimes makes it difficult for an individual to adequately summarize background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Signature _____ Date _____