



Today's Date: _____

Last Name, First Initial

APPLICATION FOR EMPLOYMENT

All potential employees are evaluated without regard to race, religion, gender, national origin, age, marital or veteran status, or handicap.

Position Sought? _____

How did you learn about the position? _____

Full Name (First) _____ (Middle Initial) _____ (Last) _____

Address: _____
 Street _____ City _____ State _____ Zip Code _____

Home: () _____ Cell; () _____ Other () _____

In Case of Emergency; Name, Telephone and Relationship

Email: (optional) _____

Social Security # _____ - _____ - _____ DL # _____ State _____

Do you have family members working for Fountain Quail, if yes who? _____

On what date would you be available for work? _____ Desired Wage: _____

Are you a U.S. Citizen, or are you otherwise authorized to work in the U.S. without any restrictions?
 _____ YES _____ NO If you answered No, please explain: _____

Have you ever been convicted of a felony? _____ Yes _____ No
 If you answered yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment?
 _____ Yes _____ No If yes, describe circumstances _____

If selected for employment, are you willing to submit to a pre-employment drug/alcohol screening test?
 _____ Yes _____ No

If employed, are you willing to submit to random drug/alcohol testing?
 _____ Yes _____ No

Education: Did you graduate? _____ Yes _____ No

Name of School	Location	Years Attended	Major

List other training, trade schools, or licenses held.

EMPLOYMENT HISTORY FOR THE PAST 5 YEARS

(Start with the most recent first)

Employer: _____ **Job Title** _____

Dates Employed: From _____ to _____

Address of Employer: _____

Telephone: _____ **Supervisors Name** _____

Starting Salary _____ **Ending Salary** _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____ **Job Title** _____

Dates Employed: From _____ to _____

Address of Employer: _____

Telephone: _____ **Supervisors Name** _____

Starting Salary _____ **Ending Salary** _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____ **Job Title** _____

Dates Employed: From _____ to _____

Address of Employer: _____

Telephone: _____ **Supervisors Name** _____

Starting Salary _____ **Ending Salary** _____

Duties Performed: _____

Reason for Leaving: _____

Additional Comments regarding employment history:



PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT FORM

As a condition for an application to be considered, applicants must understand and agree to submit to a drug and/or alcohol test. If the results are positive, the applicant shall not be considered further by Fountain Quail Water Management for employment. Fountain Quail Water Management will pay the cost of the pre-employment drug/alcohol test. Any additional treatment or cost relating to the results of the testing is the applicant's responsibility.

Fountain Quail Water Management will maintain the results of the pre-employment drug/alcohol test. Negative and positive results will be reported to Human Resources and all information received will be kept confidential.

I understand the above conditions and hereby agree to comply with them. I, hereby, give full consent to undergo a drug and/or alcohol test as a condition of employment with Fountain Quail Water Management. I further authorize Fountain Quail Water Management designated physician and/or testing facility to release to Fountain Quail Water Management all test results conducted as part of the pre-employment drug/alcohol testing information.

Print Applicant's Name

Telephone Number

Address

City

State

Zip

Applicant's Drivers' License

Ex. Date

Social Security Number

Gender: _____ Male _____ Female

Date of Birth

Applicant's Signature

Date

Witness' Signature

Date

Applicant's under Age 18 - Please complete, additionally: I understand the above conditions and authorize Fountain Quail Water Management to conduct a pre-employment drug/alcohol test on my minor child or dependent.

Print Name of Parent or Guardian

Telephone Number

Address

City, State, Zip

Parent or Guardian Signature

Date

Witness Signature

Date



RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my; workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I hereby authorize, without reservation any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Fountain Quail Water Management or its agent, to furnish the information described in this release of authorization.

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.

Applicant Signature

Date

Print Applicant's Full Legal Name

Date of Birth

Fountain Quail Water Management Representative

Date