

INLET BEACH WATER SYSTEM, INC.

APPLICATION FOR AT WILL EMPLOYMENT

Dear Applicant:
 Thank you for your interest in seeking employment with the Inlet Beach Water System, Inc. The Inlet Beach Water System is an Equal Opportunity Employer and a Drug Free Workplace.

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin or disability. Employment of personnel in the Inlet Beach Water System is in compliance with Federal and State Laws regarding nondiscrimination and preference. Individuals with disabilities are encouraged to apply. Any person who believes he/she may need reasonable accommodations during the application, testing or interview process should notify the Manager's office at 850-231-4498.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

BASIC INFORMATION: Please print in ink.

Position Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="radio"/> Advertisement	<input type="radio"/> Friend <input type="radio"/> Walk-In
<input type="radio"/> Employment Agency	<input type="radio"/> Relative <input type="radio"/> Other _____

Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number(s)		

Date available for work: _____

Have you been convicted of a crime within the last 7 years? Yes No

If yes, please explain: _____

Are you a United States Citizen? Yes No

If no, are you lawfully authorized to work in the United States? Yes No

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

1	Company	Address	Telephone
	Dates From To Employed	Starting Salary	Leaving Supervisor
Your Duties:			
Reason for Leaving:			
2	Company	Address	Telephone
	Dates From To Employed	Starting Salary	Leaving Supervisor
Your Duties:			
Reason for Leaving:			
3	Company	Address	Telephone
	Dates From To Employed	Starting Salary	Leaving Supervisor
Your Duties:			
Reason for Leaving:			
4	Company	Address	Telephone
	Date From To Employed	Starting Salary	Leaving Supervisor
Your Duties:			
Reason for Leaving:			

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes No

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REFERENCES: (not former employers or relatives)

Name	Address	Phone Number

EDUCATION:

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate ?	List Diploma or Degree
High			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
College			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other (Specify)			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? Yes No
If yes, Day OR Night School

If so, when, where, and what courses? _____

INTERESTS: Use this space below to describe additional skills and aptitudes that you feel qualify you for a position with our System. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, and the like.) If you need more space, please continue on a separate sheet.

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ACKNOWLEDGEMENT

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered cause for immediate dismissal. In making this application for employment I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I UNDERSTAND THAT, IF THE SYSTEM EMPLOYS ME, EITHER THE SYSTEM OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the System other than the General Manager and Board of Directors have any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

It is very important to completely fill out this application. Incomplete applications will not be considered for the position being applied for.

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