

# Tri-County Rural Water District #2

100 S Seminole St, Earlsboro, Oklahoma, 74840

(405) 997-5390

admin@tricountyrwd2.com

## Employment / Job Application

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_-\_\_\_\_-\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

DESIRED PAY: \$\_\_\_\_\_ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

### EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO\*

\*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES\* ☐ NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES\* ☐ NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

### EMPLOYMENT HISTORY

**EMPLOYER #1:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER #2:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER #3:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER #4:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## REFERENCES

**REFERENCE #1:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REFERENCE #2:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

## DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_