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 N	UMBER (SSN):			
DATE AVAILABLE:				
DESIRED PAY: \$ □ HOUR □ SALARY				
POSITION APPLIED FOR:				
EMPLOYMENT DESIRED: □ FULL-TIME □ PART-TIME □ SEASONAL				
EMPLOYMENT ELIGIBILITY				
ARE YOU A U.S. CITIZ	ĽEN? □ YES □ NO*			
*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? \square YES \square NO				
HAVE YOU EVER WORKED FOR THIS EMPLOYER? \square YES* \square NO				
*IF YES, WRITE THE START AND END DATES:				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? \square YES* \square NO				
*IF YES, PLEASE EXP	LAIN:			

EMPLOYMENT HISTORY

EMPLOYER #1:			
E-MAIL:	PHONE:		
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
STARTING PAY: \$	🗆 HOUR 🛭	□SALARY	
ENDING PAY: \$	🗆 HOUR 🗆 S	SALARY	
JOB TITLE:	RESPONSI	BILITIES:	
STARTING DATE:	ENDI	NG DATE:	
REASON FOR LEAVI	NG:		
FMPLOVER #2			
E-MAIL:		PHONE:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
STARTING PAY: \$	🗆 HOUR 🛭	□SALARY	
ENDING PAY: \$	🗆 HOUR 🗆 S	SALARY	
JOB TITLE:	RESPONSI	BILITIES:	
STARTING DATE:	ENDI	NG DATE:	
REASON FOR LEAVE	NG:		
EMDI OVED #3			
E-MAIL:		PHONE:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
STARTING PAY: \$	RTING PAY: \$ □ HOUR □ SALARY		
ENDING PAY: \$	HOUR SALARY		

STARTING DATE: ENDING DATE: REASON FOR LEAVING: EMPLOYER #4: PHONE: ADDRESS: CITY: STATE: ZIP CODE: STARTING PAY: \$ DHOUR DATE: STARTING PAY: \$ DHOUR SALARY ENDING PAY: \$ DHOUR SALARY STARTING DATE: RESPONSIBILITIES: STARTING DATE: ENDING DATE: REASON FOR LEAVING: REFERENCES REFERENCE #1: RELATIONSHIP: COMPANY: TITLE: PHONE: REFERENCE #2: RELATIONSHIP: REFERENCE #2: RELATIONSHIP: PHONE: PHONE: REFERENCE #2: RELATIONSHIP: RESPONSHIP: RESPONSHIP: REFERENCE #2: RELATIONSHIP: REFERENCE #2: RELATIONSHIP: REFERENCE #2: RELATIONSHIP: RESPONSHIP: RESPONSHIP: RELATIONSHIP: REFERENCE #2: RELATIONSHIP: RESPONSHIP:		
EMPLOYER #4:	REASON FOR LEAVING:	
E-MAIL:PHONE: ADDRESS: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:		
E-MAIL:PHONE: ADDRESS: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:	EMPLOYER #4:	
CITY: STATE: ZIP CODE: STARTING PAY: \$		
STARTING PAY: \$	ADDRESS:	
ENDING PAY: \$	CITY: STATE: ZIP CODE:	
JOB TITLE: RESPONSIBILITIES: STARTING DATE: ENDING DATE: REASON FOR LEAVING: REFERENCES REFERENCE #1: RELATIONSHIP: COMPANY: TITLE: E-MAIL: PHONE:	STARTING PAY: \$ □ HOUR □ SALARY	
STARTING DATE: ENDING DATE: REFERENCES REFERENCE #1: COMPANY:	ENDING PAY: \$ □ HOUR □ SALARY	
REFERENCES REFERENCE #1:	JOB TITLE: RESPONSIBILITIES:	
REFERENCES REFERENCE #1:	STARTING DATE: ENDING DATE:	
REFERENCE #1: RELATIONSHIP: COMPANY: TITLE: E-MAIL: PHONE:	REASON FOR LEAVING:	
COMPANY:TITLE: E-MAIL:PHONE:	REFERENCES	
E-MAIL: PHONE:	REFERENCE #1: RELATIONSHIP:	
	COMPANY:TITLE:	
REFERENCE #2: RELATIONSHIP:	E-MAIL: PHONE:	
	REFERENCE #2: RELATIONSHIP:	
COMPANY:TITLE:	COMPANY:TITLE:	
E-MAIL: PHONE:	E-MAIL: PHONE:	
COMPANY: TITLE: E-MAIL: PHONE:	COMPANY:TITLE:	

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	