

◆Mountain Water Company◆

Employment Application

An Equal Opportunity Employer

Date: _____

Name: _____

Current Address: _____
Last Name First Name Middle Initial
Street Address City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Contact Numbers: () () () ()
Cell Home Business Fax

Position Desired:

Regular Full Time Are you available to work on week-ends? Yes No
Regular Part Time Are you available to work overtime? Yes No
Temporary/Seasonal

If applying for temporary/seasonal work, what time period are you available? From: _____ To: _____

What days/hours are you available? _____

If hired what date could you start work? _____ Salary Desired: _____

Personal Information:

Have you ever applied to, or worked for, Mountain Water Company before? Yes No

If yes, what date were you hired? _____ What date did you leave? _____

Do you have any friends and/or relatives working for Mountain Water Company? (If "Yes" please state name(s) and relationships) Yes No

(Note: Spouses of employees are eligible for employment (or, if marriage occurs when both individuals are currently employed, continued employment) under limited conditions. Spouses will not be eligible for employment where potential problems of supervision, safety, security, moral e, or conflicts of interest exist.)

Name _____ Relationship _____

Name _____ Relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (if under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a criminal (felony or serious misdemeanor) offense? Yes No
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case(s). _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training, and Experience:**High School:**

Name _____ Street Address _____ City _____ State _____ Zip _____

Number of Years Completed: _____ Type of Degree or Diploma: _____ Did You Graduate? Yes No**College/University:**

Name _____ Street Address _____ City _____ State _____ Zip _____

Number of Years Completed: _____ Type of Degree or Diploma: _____ Did You Graduate? Yes No**Vocational/Business:**

Name _____ Street Address _____ City _____ State _____ Zip _____

Number of Years Completed: _____ Type of Degree or Diploma: _____ Did You Graduate? Yes No

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Mountain Water Company?

Yes No

If "Yes" please explain: _____

Do you speak, write, and/or understand any foreign languages? Yes No

If "Yes" which languages? _____

If applying for a professional position, please answer the following questions:Are you licensed/certified for the job applied for? Yes No

If "Yes" what is the license/certification title: _____ Number: _____ State of Issue: _____

Has your license/certification ever been revoked or suspended? Yes No

If "Yes" state the reason(s), date of revocation or suspension, and date of reinstatement: _____

Employment History:Please list all present and past employment, starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You **must** complete this section even if attaching a resume.

Employer: _____

Name _____ Street Address _____ City _____ State _____ Zip _____

Type of Business: _____

Telephone Number: () _____

Job Title & Duties: _____

Date of Employment: _____

From _____ To _____

Reason for Leaving: _____

Hourly or Monthly Pay: _____

Employment History (continued):

Please list all present and past employment, starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You **must** complete this section even if attaching a resume.

Employer: _____
 Name Street Address City State Zip
 Type of Business: _____ Telephone Number: () _____
 Job Title & Duties: _____ Date of Employment: _____
 From To
 Reason for Leaving: _____ Hourly or Monthly Pay: _____

Employer: _____
 Name Street Address City State Zip
 Type of Business: _____ Telephone Number: () _____
 Job Title & Duties: _____ Date of Employment: _____
 From To
 Reason for Leaving: _____ Hourly or Monthly Pay: _____

Please read carefully, initial each paragraph, sign, and date below:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharged if I am employed, regardless of the time elapsed before discovery.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company under Montana law, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box.

Initials

I understand that if offered a job, if such job involves work in which I will be engaged in the performance, supervision, or management of work in a hazardous work environment, security position, position affecting public safety, or fiduciary position, my hiring will be contingent upon passing a drug and/or alcohol test. I understand that a copy of the Company drug and alcohol testing policy is available for my review from the Safety Coordinator.

Initials_____
Applicant's Signature_____
Date