

APPLICATION FOR EMPLOYMENT WITH MOLINO UTILITIES

AN EQUAL OPPORTUNITY EMPLOYER

Position Applied For: **SERVICE WORKER I** (Please Print)

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
NUMBER & STREET NAME CITY STATE ZIP CODE

Phone number to be contacted at: _____ Home Phone Number: _____

Do you have a Driver's License: (circle one) YES NO If yes, what State _____

Driver's License Number: _____

Have you had a speeding or traffic related ticket or wreck in the last (3) years: (circle one) YES NO

If yes, give additional information that might be helpful: _____

Are you a citizen of the United States: (circle one) YES NO

If you live in the area served by Molino Utilities, how long have you lived here: _____ years.

Are you employed now? (circle one) YES NO
If yes, may we inquire of your present employer? (circle one) YES NO

At the present time, are you on lay-off status and subject to recall from another employer: YES NO

Would you be available to work: (circle one) Full Time Part Time Both

Would you work overtime, nights, weekends and holidays if the job requires it: (circle one) YES NO

What would be the MINIMUM HOURLY wage that you would work for: \$ _____ Per Hour.

Would you go to night school such as Pensacola Junior College, to take courses related to the job qualifications which this application applies: (circle one) YES NO

Have you ever been convicted of a felony: (circle one) YES NO if yes, please explain _____

Molino Utilities is a Drug Free Work Place. Would you take a Drug Test: (circle one) YES NO

EDUCATION:

Do you have a Diploma/GED: _____ Years of College: _____
If yes, what is your degree in: _____

Please list any skills that you are trained in as well as type of equipment that you can operate:

EMPLOYMENT HISTORY:

Please start with the most recent/current employer and go back:

Company Name: _____ Phone Number: _____
Address : _____
Dates Employed: From: _____ to: _____ Supervisor Name: _____
Reason for Leaving: _____

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PERSONAL REFERENCES:

Please list Three (3) Personal references not related to you that we may contact:

Name	Phone Number	Know how long
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any limitations that would require you to have any special accommodations to perform the work applied for: _____

AGREEMENT:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant

Date