

## APPLICATION FOR EMPLOYMENT

Davidson Water, Inc. is an Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

### PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_

Are you eligible to work in the U.S.?    Yes    No

Are you at least 18 years or older?    Yes    No

Have you ever been terminated from employment or asked to resign by an employer?    Yes    No

If yes, please provide the company name and any details you wish to share: *(Limit 300 characters)*

Are you able to work overtime and non-standard hours when job duties so require?    Yes    No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?    Yes    No

### EMPLOYMENT DESIRED

Type of Position you are interested in: \_\_\_\_\_ Other: \_\_\_\_\_

Are you currently employed?    Yes    No    If so, may we contact your present employer?    Yes    No

If currently employed, why are you considering leaving your current position? *(Limited 300 characters)*

**REFERRAL SOURCE**

How did you hear about this position? \_\_\_\_\_

Have you ever worked for this company before?    Yes        No

If yes, please provide job title and dates of employment: \_\_\_\_\_

Do you have relatives or friends who work for the company?    Yes        No

If yes, please list employee’s name and department: \_\_\_\_\_

**EDUCATION**

Level	Name and Location of School	Degree Received	# of Years Attended	Course of Study
High School				
College				
Trade or Business School				
Graduate Work				

Do you belong to any professional, trade, business or civic organizations associated with the position for which you are applying?    Yes        No

If yes, please list: \_\_\_\_\_

*(Please omit any associations which may reflect your race, color, religion, age, sex, sexual orientation, marital status, or disabilities.)*

Please list any certifications and/or licenses associated with the position for which you are applying.

**PREVIOUS EMPLOYMENT DRUG TESTING**

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer that you have applied for, but did not obtain, safety-sensitive work covered under the Department of Transportation’s drug and alcohol testing rules during the past two years?    Yes        No

If yes, can you prove that you have completed the DOT return to duty process as detailed in 49 CFR Part 40, Subpart O?    Yes        No

**MILITARY SERVICE:** If you have U.S. Military or Naval service, please provide the following:

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Branch and Rank: \_\_\_\_\_

Present Membership in National Guard or Reserves: \_\_\_\_\_

## EMPLOYMENT HISTORY

Include *at least* the last five (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

**ATTENTION: If you hold a CDL, you must provide COMMERCIAL DRIVING EXPERIENCE for the past 10 years (Attach additional sheet if more space is needed)**

Name of Employer		Phone Number	
Location		Ending Salary	
Dates Employed	From:	To:	
Job Title			
Supervisor's Name and Title			
Summarize Duties <i>(Limit of 300 characters)</i>			
Reason for Leaving			
Yes	No	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?	
Yes	No	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, part 40?	

Name of Employer		Phone Number	
Location		Ending Salary	
Dates Employed	From:	To:	
Job Title			
Supervisor's Name and Title			
Summarize Duties <i>(Limit of 300 characters)</i>			
Reason for Leaving			
Yes	No	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?	
Yes	No	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, part 40?	

**EMPLOYMENT HISTORY CONTINUED**

Name of Employer		Phone Number	
Location		Ending Salary	
Dates Employed	From:	To:	
Job Title			
Supervisor's Name and Title			
Summarize Duties <i>(Limit of 300 characters)</i>			
Reason for Leaving			
Yes	No	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?	
Yes	No	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, part 40?	

Name of Employer		Phone Number	
Location		Ending Salary	
Dates Employed	From:	To:	
Job Title			
Supervisor's Name and Title			
Summarize Duties <i>(Limit of 300 characters)</i>			
Reason for Leaving			
Yes	No	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?	
Yes	No	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, part 40?	

**SPECIAL SKILLS AND QUALIFICATIONS**

Please list any special skills or qualifications you feel would be beneficial to Davidson Water, Inc. *(Limit of 300 characters)*

**REFERENCES**

Give the names of at least three persons *not related to you* whom you have known for at least 3 years.

Name			Years Acquainted	
Phone		Email Address		
Is this a Personal or Professional reference?	Personal	Professional		
How do you know this reference?				

Name			Years Acquainted	
Phone		Email Address		
Is this a Personal or Professional reference?	Personal	Professional		
How do you know this reference?				

Name			Years Acquainted	
Phone		Email Address		
Is this a Personal or Professional reference?	Personal	Professional		
How do you know this reference?				

Davidson Water, Inc. is an equal opportunity employer. Davidson Water, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Davidson Water, Inc. to hire me. If I am hired, I understand that either Davidson Water, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Davidson Water, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Davidson Water, Inc. true and complete information on this application. No requested information has been concealed. I authorize Davidson Water, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: \_\_\_\_\_  
*(If submitting this application by email, please type your name here.)*

Date: \_\_\_\_\_

**THIS APPLICATION IS VALID FOR 180 DAYS FROM THE DATE SIGNED ABOVE.** In accordance with the Civil Rights Acts of 1964, all applications are retained for a minimum period of one year from the date of submission. Only valid applications will be considered for open positions. You must resubmit your application if you wish to be considered for future open positions with Davidson Water, Inc.

*For Internal Use ONLY - Please do not enter information in this area.*

Hired:	Yes	No	Date Reporting to Work: _____	Salary: _____
Position:	_____		Department:	_____
Approved by:	_____		Department Supervisor:	_____

**THE FOLLOWING SECTION MUST BE COMPLETED BY APPLICANTS FOR POSITIONS THAT REQUIRE THE OPERATION OF ANY COMPANY VEHICLE (including cars, vans, trucks, etc.)**

*\*Applicants who are NOT applying for a position that requires operation of company vehicles, you have reached the end of the application. Do NOT complete the following sections.*

**PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE AND CDL PHYSICAL CARD.**

Name:	Date of Birth:
-------	----------------

**Residence for the past three (3) years**

Address:	City, State, Zip Code:	How long here:

**States and license numbers for all unexpired commercial licenses and permits**

State	License #	Expiration Date	Class A,B	Endorsements

**Driving Experience**

Equipment Class	Type of Equipment (Van, Flat, Tank, Etc.)	DATES		Approximate # of miles TOTAL
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

**Accidents/Crashes for the past three (3) years or more**

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

**Moving Traffic Conviction and Forfeitures for the past three (3) years:**

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Y	N
If YES, please explain:		
Has any license, permit or privilege ever been revoked?	Y	N
If YES, please explain:		
The company requires all employees who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver’s License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?	Y	N

**TO BE READ AND SIGNED BY APPLICANT**

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that the information in this application will be used and that prior employers may be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date