

# WEB Water Development Association, Inc.

## Employment Application

**PERSONAL INFORMATION** — Complete all information.

Name (Last, First, MI):			
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
Mailing Address:	City:	State:	Zip:
Cell Phone:		Email:	
Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No      Dates: _____			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start employment?	
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when?			
Are you related to anyone currently employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list name and relationship. (This response is considered only for placement purposes. WEB Water does not place relatives in positions which create subordinate/supervisory relationships.)			
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EMPLOYMENT HISTORY** — Provide all employment information for your past three (3) employers, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information may disqualify you from further consideration.

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr :
Street Address:	City:	State:	Zip:
Reason for Leaving:			
Summary of Duties:			

Starting Hourly Wage/Annual Salary:	Final Hourly Wage/Annual Salary:	Bonus:	Commission:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: May we contact : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr :
Street Address:	City:	State:	Zip:

Reason for Leaving:
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Summary of Duties:
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Starting Hourly Wage/Annual Salary:	Final Hourly Wage/Annual Salary:	Bonus:	Commission:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: May we contact : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr :
Street Address:	City:	State:	Zip:

Reason for Leaving:
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Summary of Duties:

Starting Hourly Wage/Annual Salary:	Final Hourly Wage/Annual Salary:	Bonus:	Commission:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number:	May we contact : <input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION INFORMATION** — Complete all applicable information.

High School:	City and State:	Diploma/GED:	General Ed. or Advanced Classes:	
College:	City and State:	Degree:	Major:	GPA:
College:	City and State:	Degree:	Major:	GPA:
Graduate School:	City and State:	Degree:	Major:	GPA:
Other:	City and State:	Degree:	Major:	GPA:

**ADDITIONAL INFORMATION** — Complete **all** applicable information.

Occupational Licenses:	
Driver's License Number:	Issuing State:
Do you currently hold a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list Class:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list what, when and where: (A felony conviction does not necessarily mean you will not be hired.)	
Have you ever been dismissed or forced to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Have you received a motor vehicle violation or been involved in an accident within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list all violations, accidents and dates:	

**REFERENCES** — List three references, including names and telephone numbers (do **not** include relatives or employers).

Name (First & Last)	Address (Street & City)	Phone Number
1.		
2.		
3.		

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:**

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

I hereby understand and acknowledge that, if hired, my employment relationship with this organization would be of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time for any or no reason. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by the General Manager of this organization.

I attest with my signature below that I have given to WEB Water true and complete information on this application. No requested information has been concealed. I also understand that WEB Water may request to contact references provided for employment reference checks. WEB Water requires pre-employment drug and other screenings and background verification. WEB Water may require satisfactory completion of a pre-offer medical examination as a condition of employment. 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 OF APPLICANT:**

**DATE:**

**MAIL TO:**

**WEB Water Development Association, Inc.  
Attn: HR  
PO Box 51  
Aberdeen, South Dakota 57402-0051**

**OR**

**DELIVER TO:**

**WEB Water Development Association, Inc.  
Attn: HR  
38456 W Hwy 12  
Aberdeen, South Dakota**