WHITINSVILLE WATER COMPANY

Application for Employment

Name:					
	Last	First	rst Middle Initia		le Initial
Present Address:					
	Number and Street				
Length of time at p	resent address:		Phone:		
			A	Area Code	Number
Position Desired:		Socia	I Security	Number:	
Are you under 18 y	ears of age? Yes:	No:	Date	able to start work	
How were you refe	rred / how did you find ou	ut about u	s?		
Have you previous	ly worked or applied for a	i job hereʻ	? Yes:	No:	-
If "Yes," when?					
Are you able to wo	rk all shifts? Yes:	No:			
If "No," when are y	ou unable to work?				
Are you a U.S. Citi	zen or authorized to work	legally in	the Unite	d States? Yes:_	No:
	Cor	viction Inf	ormation		
inquiry about prior conv	iled record of entries on file wi victions of a crime. In addition delinquency or as a "child-in-n	, any applic	ant for empl	oyment may answer	"no record" to an inquiry
Have you ever bee	n convicted of a felony?	Yes:	No:		
If "Yes," explain:					
Have you been cor for drunkenness, s	nvicted of a misdemeano imple assault, speeding,	r within th minor traf	e past 5 y fic violatic	ears? (Do not in ns, affray or dist	clude a first conviction urbance of the peace)
Yes: No:	If "Yes," explain:				

Military Service

Branch:	Rank:	Discharge Date:	
		Type of Discharge:	
		ce:	
In case of emergen		ergencies	
-		ldress:	
	Schools	and Training	
Dates Attended	Name of School	City and State	Degree & Date
From To	(High School)		
	(College or Trade Schools)		
	(Other Courses / Schooling	~	
		9/ 	
	E:		

Professional or Technical Licenses (for each list state and date):

Please describe any job-related skills or training not listed above:

Work History

List present or most recent job first. Include all employment. You may include in your work history any work performed on a volunteer basis. If more space is needed, write on back of this form.

<u>Dates</u> From Mo-Yr	To Mo-Yr	Company Name and Address	Job Title or Duties	Weekly Pay	Reason for Leaving
Are yo recall	ou a layoff an (please chec	d subject to Yes _ k one)?	No		
* Are y	ou known to	schools/references (prio	r employers) by anoti	ner name?	/esNo
If YES	, what name	?			

* Information sought solely to facilitate reference checks.

Please Read Carefully and Sign the Statement Below:

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the Company to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

I understand that if employed, I will be an employee "at will" and may be terminated at any time, with or without cause, and with or without notice at the option of either the Company or myself. I also understand that no representative of the Company, other than the President has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. If I am employed, I agree to abide by the Company's policies, rules and procedures and any changes thereto.

Applicant's Signature:	Date:		
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WHITINSVILLE WATER COMPANY

Whitinsville Water Co. requires all candidates for employment to pass a Drug Test as a condition of employment. I understand that a positive test (presence of illegal drugs) will negate any and all agreements of employment.

Name:

(Please Print)

Signed: _____

Date: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

WHITINSVILLE WATER CO IS AN EQUAL OPPORTUNITY EMPLOYER