

**The Water Works and Sewer Board  
of The City of Prichard**

**125 E. Clark Avenue  
Prichard, Alabama 36610**

**Employment Application Form  
(Public Service Trainee)**



Telephone:(251) 457-3396

[www.prichardwater.com](http://www.prichardwater.com)

125 E. Clark Avenue  
Prichard, Alabama 36610



# Public Service Trainee

## EMPLOYMENT APPLICATION

**PLEASE PRINT OR TYPE** Today's Date: \_\_\_\_\_

\_\_\_\_\_

*First Name*                      *MI*                      *Last Name*                      *Preferred Name/Nickname*

\_\_\_\_\_

*Street Address*                      *City*                      *State*                      *Zip Code*

\_\_\_\_\_

*Phone*                      *Alternate/ Phone*                      *Email Address*

**PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION**

Are you interested in                      Full Time \_\_\_\_\_    Part Time \_\_\_\_\_    Temporary \_\_\_\_\_

What schedules would you prefer?    Weekdays \_\_\_\_\_    Weekends \_\_\_\_\_    Evenings \_\_\_\_\_    Nights \_\_\_\_\_

How did you hear about us?            Walk In \_\_\_\_\_    Referral \_\_\_\_\_    Advertisement \_\_\_\_\_    Other \_\_\_\_\_

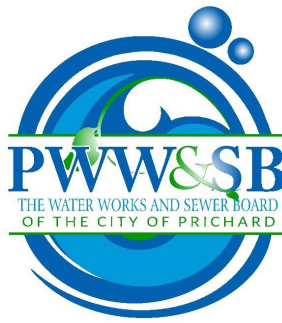
Were you referred by anyone that works here?                       No                       Yes    Name: \_\_\_\_\_

Have you worked for this company before?                       No                       Yes    Dates: \_\_\_\_\_    Department: \_\_\_\_\_

Desired Pay:                      Hourly Pay \$ \_\_\_\_\_    Annual Pay \$ \_\_\_\_\_    \$ \_\_\_\_\_

Minimum                      Desired

Date available to start work?            Date: \_\_\_\_\_



**PLEASE CHECK YES OR NO TO THE FOLLOWING:**

**Are you authorized to work in the United States?**

Yes                      No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, The Water Works & Sewer Board of the City of Prichard will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

**Are you under 18 years of age?**

Yes                      No

**Do you have a valid Driver's License?**

Yes                      No

**Do you have a CDL License?**

Yes                      No

**Have you ever been convicted of a crime?**

**Please explain if yes** \_\_\_\_\_

**Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?**

Yes                      No

**PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)**

	COMPANY NAME			YOUR POSITION and TITLE
FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSIT ION
Month / Year				
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO	TELEPHONE NUMBER	TERMINATION	REASON	
Month / Year	(      )	- VOLUNTARY - INVOLUNTARY		
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES			



	COMPANY NAME			YOUR POSITION and TITLE
FROM /	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
Month Year				
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO /	TELEPHONE NUMBER ( )		TERMINATION - VOLUNTARY - INVOLUNTARY	REASON
Month Year				
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	COMPANY NAME			YOUR POSITION and TITLE
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Month Year				
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO /	TELEPHONE NUMBER ( )		TERMINATION - VOLUNTARY - INVOLUNTARY	REASON
Month Year				
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES			



**EDUCATION:**

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR GED			
COLLEGE			
COLLEGE OR GRADUATE			

**PROFESSIONAL DESIGNATIONS:**

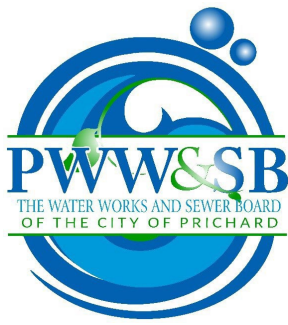
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

**PROFESSIONAL LICENSES:**

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

**REFERENCES:** Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ ALTERNATE PHONE



**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**