

Broad Creek Public Service District

Employment Application

Applicant Information									
Full Name:				Date:					
<i>Last</i>		<i>First</i>			<i>M.I.</i>				
Address:									
<i>Street Address</i>				<i>Apartment/Unit #</i>					
<i>City</i>			<i>State</i>			<i>ZIP Code</i>			
Home Phone:	()	Cell Phone:	()	E-mail Address:					
Date Available:		Social Security No.:		Desired Salary:	\$				
Position Applied for:									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
If yes, explain:									

Education									
High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References									
<i>Please list three references.</i>									
Full Name:				Relationship:					
Company:					Phone:	()			
Address:									
Full Name:				Relationship:					
Company:					Phone:	()			
Address:									
Full Name:				Relationship:					
Company:					Phone:	()			
Address:									

Previous Employment

Company:				Phone:	()	
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:				Phone:	()	
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:				Phone:	()	
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Military Service

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that any detrimental discoveries as a result of my authorized background check may result in my release.

Signature: _____ Date: _____

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION
THIS FORM TO BE COMPLETED AND SIGNED BY JOB APPLICANT

IN CONNECTION WITH, AND DURATION OF MY EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES ARE TO BE MADE ON MYSELF THAT MAY INCLUDE CONSUMER, CRIMINAL, DRIVING, ACADEMIC AND OTHER REPORTS. FURTHER, I UNDERSTAND THAT YOU MAY BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACADEMIC, EMPLOYMENT, DRIVING, CREDIT, CRIMINAL, CIVIL AND OTHER EXPERIENCES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE INFORMATION:

APPLICANT'S SIGNATURE _____ DATE _____

PRINT FULL NAME _____

PREVIOUS LAST NAMES _____

SOC. SEC. NO. ____ - ____ - ____ DATE OF BIRTH _____
(DOB IS REQUESTED TO INSURE ACCUATE RETRIEVAL OF RECORDS.)

CITY AND STATE OF BIRTH _____

DRIVER'S LICENSE NO. _____ STATE OF ISSUE _____

CURRENT ADDRESS _____

CITY, SATE, ZIP _____

PREVIOUS ADDRESS IF AT ABOVE FOR LESS THAN ONE YEAR:

CITY, SATE, ZIP _____

PROSPECTIVE EMPLOYER:
REQUESTOR _____ (PRINT NAME)
RETURN FAX 843-233-9676/TOLL FREE 800-558-1152

____ CA, MN, OK APPLICANTS ONLY: PLEASE CHECK HERE TO HAVE A COPY OF YOUR CONSUMER REPORT SENT DIRECTLY TO YOU BY INFO QUEST INC.