

**SOUTHWEST UTILITY SYSTEMS, INC.
EMPLOYMENT APPLICATION**

DATE: _____ SOCIAL SECURITY # _____
 NAME: _____ BIRTHDATE: _____
 ADDRESS: _____
 PHONE: _____ WORK PHONE: _____
 FILING STATUS: MARRIED _____ SINGLE _____ #OF DEPENDENTS: _____
 POSITION DESIRED: _____ PAY EXPECTED: _____
 WHEN WILL YOU BE AVAILABLE FOR WORK: _____
 IN CASE OF EMERGENCY NOTIFY:
 NAME: _____ PHONE: _____
 ADDRESS: _____

EVER WORKED FOR THIS COMPANY BEFORE? _____ WHEN: _____
 NAMES OF RELATIVES OR FRIENDS WORKING WITH THIS COMPANY: _____
 _____ REFERRED BY: _____
 EDUCATION – CIRCLE THE LAST YEAR OF SCHOOL YOU COMPLETED:

1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

EMPLOYMENT RECORD. LIST BELOW THE LAST FIVE (5) YEARS OF YOUR EMPLOYMENT HISTORY. BE SURE TO FILL OUT **COMPLETELY** WITH DATES, PHONE NUMBERS, ETC. **REFERENCES WILL BE CHECKED.**

MONTH & YEAR	NAME OF EMPLOYER , CITY & PHONE # OF EMPLOYER	DESCRIPTION WORK PERFORMED	RATE OF PAY	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

EMPLOYER: _____ REASON: _____

ARE YOU A U.S. CITIZEN: _____ IF NOT, WHAT TYPE OF VISA DO YOU HAVE: _____
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN TH U.S. _____

MILITARY RECORD:

TYPE OF MILITARY SERVICE: _____ HIGHEST RANK ATTAINED: _____

DESCRIBE DUTIES OR SPECIAL TRAINING: _____

OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATIONS, ETC.):

HAVE YOU EVER BEEN CHARGED OR CONVICTED BY A COURT OF LAW FOR A CRIMINAL
ACT: _____ IF YES, DESCRIBE: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE: _____

HOW MANY TRAFFIC VIOLATIONS HAVE YOU RECEIVED IN THE PAST FIVE (5) YEARS?

HOW MANY ACCIDENTS HAVE YOU HAD IN THE LAST FIVE (5) YEARS?

HAVE YOU EVER BEEN CHARGED OR CONVICTED FOR DRIVING UNDER THE INFLUENCE (DUI):

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST THREE (3) YEARS.

Previous Addresses:

Street _____ City/State/Zip _____

Phone: _____ How Long: _____

Street _____ City/State/Zip _____

Phone: _____ How Long: _____

Street _____ City/State/Zip _____

Phone: _____ How Long: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION.

This release and authorization acknowledges that this company may now, or at any time while you are employed, conduct a verification of your education, previous employment/work history, credit history, workers' compensation injuries, motor vehicle records, contact personal references, require that you provide a urine specimen, or blood specimen to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county or local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or any other applicable state laws. The results of this verification process will be used to determine employment eligibility under this company's employment policies. I authorize Southwest Utility Systems, Inc. and any of its agents/designated company personnel, to disclose orally and in writing the results of the verification process. The information obtained will not be provided to any other parties other than to the designated authorized representatives of this company. All results will be kept **CONFIDENTIAL**.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I have read and understand this consent for release of information and authorize the background verification. I authorize persons, schools, current or former employers, and other organizations and agencies to provide Southwest Utility Systems, Inc. with any information that is requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

I do hereby agree to forever release and discharge this company or its agents and their associates to the full extent permitted by the law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the background report.

PRINT NAME: _____ SIGNATURE: _____

DRIVER'S LICENSE # _____ STATE _____ SOCIAL SECURITY#: _____