

EMPLOYMENT APPLICATION			Date
Full Name		Phone	
Address	City	State	Zip
Position applied for	Social Security Number	Are you 18 years of age or older?	
Can you work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporarily			Date you can start
Do you have any impairments, physical, mental, or medical, which would interfere with your ability to do the job for which you have applied?			
Are you a citizen of the United States?		If not, have you the legal right to remain permanently in the United States?	
Have you ever been convicted of a felony? If so, when, where, and nature of offense?			

**EMPLOYMENT**

Begin with most recent position

Employer	Dates From:	To:
Address	Phone	
Job title and responsibilities		
Supervisor	Salary/Wage	Reason for leaving

Employer	Dates From:	To:
Address	Phone	
Job title and responsibilities		
Supervisor	Salary/Wage	Reason for leaving

Employer	Dates From:	To:
Address	Phone	
Job title and responsibilities		
Supervisor	Salary/Wage	Reason for leaving

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Address	Phone	
Job title and responsibilities		
Supervisor	Salary/Wage	Reason for leaving

## EDUCATION

	Name and Location	Course of Study/ Degree	Years Attended	Did you Graduate?
High School				
College				
Trade or Technical School				
Other				

## REFERENCES

Reference Name	Address	Phone	Relationship/Association
1			
2			
3			

May we contact your current employer? \_\_\_\_\_

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### ***Important -- Please read and sign***

As an equal opportunity employer, this company's policy, as well as Federal and State Law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age.

As part of this application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character, conduct and employment records.

I further agree that failure to reveal any prior employer, or the giving of false or misleading information by me may be grounds for termination of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Hawkins Water Tech, Inc.

## Authorization to obtain Background Reports for Employment Purposes

To Be Signed by Applicant / Employee as a Condition of Employment

I authorize Hawkins Water Tech, Inc, its subsidiary entities and designated agents, to make whatever inquiries it deems necessary, and to contact consumer reporting agencies (including credit and public record background checks) or other persons, and to secure consumer reports and/or investigate consumer reports in connection with my application for employment. I further authorize and direct any person or consumer reporting agency to participate in and make such inquiries at the request of Hawkins Water Tech and to compile and furnish any information it may have or obtain in response to such inquiries. I understand that I may request Hawkins Water Tech, Inc to completely and accurately disclose to me the nature and scope of the investigation requested. Such a request must be made in writing to management within a reasonable time after completion of this authorization. Should employment be denied as a direct result of information contained in an investigative consumer report, I will be advised as to the name, address and telephone number of the consumer reporting agency supplying the report, and I may contact such agency for any further information desired.

I understand that if Hawkins Water Tech, Inc, or its subsidiaries hire me, at any time during my employment, Hawkins Water Tech may investigate my credit file or obtain other consumer reports and/or investigative consumer reports for the purposes of promoting, reassigning, or retaining me as an employee.

\_\_\_\_\_  
Print Applicant's Full Legal Name (Including Middle Name)

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Give Copy to Applicant**  
**Retain Original Form in Employee's Personnel File**