



Ewers Utility
301 Columbus Rd.
Mount Vernon, OH 43050
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Fax 740-263-6139
jewers@ewersutility.com

Employment Application

A Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

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 NO

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 NO

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 NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I Certify that I do not have more than one motor vehicle license, the information for which is listed below.

LICENSE NO.	STATE	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (PU, FLAT, DUMP, ETC)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	
STRIGHT TRUCK				
TRACTOR, SEMI-TRAILER, TWO TRAILER				
BUCKET TRUCK				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPELLS		
				YES	OR	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THEN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

If yes, explain _____

Special Skills, Experience, Training and/or Other Qualifications

Software and Technology (for Office-Related Positions Only)

Check only those with which you are proficient. For those marked with an(*), provide information as to the specific version, release or model.

- MS word™*
- WordPerfect™*
- PowerPoint™*
- Google (gmail, goodle drive)™
- Excel™*
- Paradox™/Access™
- Windows™*
- Electronic Mail Programs*
- Netware*
- Programming/Database Applications*
- Document Management Programs*
- Telecommunications*
- Computer Hardware

List any software programs with which you are proficient and any other technical skill you possess.

Other Relevant Experience, Training, Skills and/or Qualifications

Do you have any other training, skills, certifications, or qualifications which you feel would benefit the company? If so please explain(list):

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 false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

CRIMINAL HISTORY INFORMATION – ADDENDUM TO EMPLOYMENT APPLICATION

NAME: _____ (Please Print) DATE: _____

BEFORE completing this form, please read the State Specific Instructions on the next page if you reside in, or are applying for a position in, California, Connecticut, Georgia, Hawaii, Iowa, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New York, New Jersey (Newark only), Ohio, Pennsylvania, Rhode Island or Washington.

For Applicants Residing In And/Or Applying for A Position in: BUFFALO (NEW YORK), HAWAII, MASSACHUSETTS, MINNESOTA, NEWARK (NEW JERSEY), PHILADELPHIA (PENNSYLVANIA), RHODE ISLAND, SEATTLE (WASHINGTON), AND SAN FRANCISCO (CALIFORNIA) - DO NOT ANSWER THE QUESTIONS BELOW AT THIS TIME. (SEE DIRECTIONS ON BACK OF THIS FORM.)

Answering "Yes" to the questions below will not automatically bar you from employment. A criminal background check also will be conducted following any conditional offer of employment. Only those crimes which are substantially related to the position you are seeking will be considered. Please note that for certain contractors with whom we do business, based on the nature of their operation, the type of offense and related factors, referenced below, may affect your assignment to that contractor.

Within the past 10 years, have you been convicted of or pled guilty or no contest or nolo contendere to any crime involving VIOLENCE (e.g. assault, battery, rape, homicide), THEFT (e.g. burglary, robbery, larceny, embezzlement), DISHONESTY or DRUG TRAFFICKING AND/OR DISTRIBUTION and/or released from incarceration based on any of these offenses? (You may answer "No" to any convictions for which your record was sealed, expunged, annulled, set aside, pardoned or otherwise eradicated.)

Yes No

Within the past 10 years, have you been convicted of or pled guilty or no contest or nolo contendere to any FELONY and/or released from incarceration based on any felony conviction? (You may answer "No" to any convictions for which your record was sealed, expunged, annulled, set aside, pardoned or otherwise eradicated.)

Yes No

If you answered "yes" to any of the above questions, please describe the nature of the crime(s); the date of conviction(s) or plea(s); the city, county and state where the conviction(s)/plea(s) occurred; the sentence imposed; and subsequent rehabilitation. Also, prior to answering, please review the State-Specific Instructions on the next page.

Nature of offense(s): _____ Misdemeanor Felony

Applicable date(s) of conviction(s) / plea(s): _____

County/Countries: _____ State(s): _____

ALL APPLICANTS: Provide additional details below and/or on additional paper. (A conviction or plea will not automatically disqualify you from employment. Factors that will be taken into account include: (1) The facts or circumstances surrounding the offense or conduct; (2) the number of offenses for which you were convicted or plea was entered; (3) your age at the time of conviction or plea, or release from prison; (4) any evidence that you performed the same or similar type of work, post conviction/plea, with the same or different employers, with no known incidents of criminal conduct; (5) the length and consistency of employment history before and after the offense or conduct; (6) any rehabilitation efforts, e.g. education/training; (7) any employment or character references and any other information regarding your fitness for the particular position; and/or (8) whether you are bonded under a federal, state, or local bonding program.)

I hereby certify that the above criminal history information is true and correct. I understand that the failure to disclose any conviction, pleas, or other requested disclosures (other than those legally protected from disclosure) will be grounds for withdrawing an offer of employment or termination of my employment, if hired.

Date

Signature

AUTHORIZATION FOR BACKGROUND CHECK REPORT

I have carefully read, and I understand, the Disclosure and Authorization forms. By my signature below, I consent to the release to the Company of consumer reports and investigative consumer reports (i.e. background check reports) prepared by a consumer reporting agency (i.e. Sterling InfoSystems Inc., or any consumer reporting agency selected by the Company). I understand that if the Company hires me, the Company may rely on this Authorization to obtain additional reports on me from the agency or other consumer reporting agencies during my employment without asking for my consent again, to the extent permitted by applicable law.

I also authorize all of the following to disclose to the Agency and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; credit bureaus; drug and alcohol testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to the Agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, professional credentials and licenses.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge. **I understand that dishonesty will disqualify me from consideration for employment with the Company and, if I am hired by the Company, that such dishonesty could result in the termination of my employment.**

I acknowledge that I have received a copy of the following documents: (1) "Disclosure Concerning Procurement of Consumer and Investigative Consumer Reports"; (2) "A Summary of Your Rights under the Fair Credit Reporting Act"; (3) "A Summary of Your Rights under California Civil Code Section 1786.22" (if you reside in California); and (4) "New York Correction Law Article 23-A" (if you are a New York resident and/or applying for a job in New York). I understand that I may be requested to complete an additional form of a similar nature by the consumer reporting agency (i.e. Sterling InfoSystems Inc. or another consumer reporting agency selected by the Company).

If you live, or are applying for a position in, California, Minnesota or Oklahoma: If you check the box below, the Agency will send you a free copy of the background report, including any credit report, at the same time that the report is made available to the Company. I request a free copy of the report.

Signature

Date

Full Name Printed

Maiden Name or Other Name Used

Date of Birth
(Mo/Date/Year)

Social Security Number

Driver's License Number
(If position may involve driving)

State of License

Authorization and Consent to Share Information with Customer(s)

I understand that the Company performs work on behalf of certain customers, and that my position with the Company requires a comprehensive check of my background, and that I must meet the customers' requirements in order to perform work on behalf of those customers. Therefore, I authorize and consent to the release of any consumer reports and investigative consumer reports to the Company's customer(s), to the extent that the customer(s) requires that the information be shared with it before I can be assigned to work on behalf of the customer.

Signature

Date

Full Name Printed