



CLARKSVILLE LIGHT & WATER APPLICATION FOR EMPLOYMENT

P.O. Box 1807 ~ 400 W. Main St. Clarksville, AR 72830 Phone: (479) 754-3148

LAST NAME		FIRST NAME		MIDDLE NAME	
COMPLETE MAILING ADDRESS		CITY	STATE	ZIP CODE	COUNTY
HOME PHONE NUMBER	WORK PHONE NUMBER		MESSAGE OR OTHER PHONE NUMBER		

Position(s) for which you are applying:

EMPLOYMENT STATUS SECTION

Will you accept any type of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, check which type(s) of employment you will accept.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Have you ever filed an application for employment with CL&W?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what was your name at the time?	_____		
Have you ever been employed by CL&W?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your former employer(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration, and state (including CDL).	_____		

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CLERICAL AND SECRETARIAL APPLICANTS ONLY

Check all fields you have experience.

- | | | |
|---|--|---|
| <input type="checkbox"/> 10-Key | <input type="checkbox"/> Internet | <input type="checkbox"/> Network Software |
| <input type="checkbox"/> A/R and/or A/P | <input type="checkbox"/> Load Management | <input type="checkbox"/> Payroll System |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Microsoft Windows | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Typing ___ wpm |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Fax Machine | |
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TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

Check all fields you have experience.

- | | |
|--|--|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Electrical hand tools |
| <input type="checkbox"/> Computer Inventory Methods | <input type="checkbox"/> Electrical Safety |
| <input type="checkbox"/> Lay out Work Orders | <input type="checkbox"/> Radio Communication and Operations |
| <input type="checkbox"/> Prepare Work Orders | <input type="checkbox"/> Pole Inspection |
| <input type="checkbox"/> Basic Electricity | <input type="checkbox"/> Load Management Systems |
| <input type="checkbox"/> Tree Trimming | <input type="checkbox"/> Meter Reading |
| <input type="checkbox"/> Brush Clearing | <input type="checkbox"/> Collecting Consumer Accounts |
| <input type="checkbox"/> Clearing Machinery | <input type="checkbox"/> Handling Consumer Concerns |
| <input type="checkbox"/> Material Control | <input type="checkbox"/> Connecting and Disconnecting Meters |
| <input type="checkbox"/> Perpetual Inventory | <input type="checkbox"/> Mapping Systems |
| <input type="checkbox"/> Automotive Maintenance | <input type="checkbox"/> Load Switching |
| <input type="checkbox"/> Electric and Gas Welding | <input type="checkbox"/> Substation Construction |
| <input type="checkbox"/> Hotline work, Primary and Secondary | <input type="checkbox"/> Line Construction |
| <input type="checkbox"/> Regulators, Capacitors, Breakers and Switches | <input type="checkbox"/> Transformer Banks |
| <input type="checkbox"/> Underground Experience (Primary and/or Secondary) | <input type="checkbox"/> Pole Climbing Experience |
| <input type="checkbox"/> Heavy Equipment Experience | <input type="checkbox"/> Fiber Splicing |
| <input type="checkbox"/> Computer/IT Experience | <input type="checkbox"/> Management |

Equipment Experience

- | | | |
|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Bucket Truck | <input type="checkbox"/> Backhoe | <input type="checkbox"/> Excavator |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Bulldozer | |

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EDUCATIONAL HISTORY

HIGH SCHOOL	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Certificate: Type Awarded: _____	If none, highest grade completed _____
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■ List below post-secondary Schools, Colleges, Universities, Trade/Vocational, or others attended:

Name and Location	From		To		Major/Minor	Degree/ Diploma	Date Graduated
	Mo.	Yr.	Mo.	Yr.			

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WORK HISTORY

List all prior work experience, including military service, beginning with your most recent employment. (Include all work experience even if you do not believe that experience to be related to the position or positions for which you are applying) You may include volunteer or unpaid work as part of your history; however, you should include the number of hours per week which you performed these duties. If you do not have enough space to list all your work experience, use a separate sheet for continuation. If you wish to include a resume instead of completing the work history section, make sure all the requested information is included.

Current or most recent employer		Business Phone Number		Employment Dates:	
Complete Mailing Address	City	State	Zip Code	From _____	
Type of Business				To _____	
Supervisor's Name				Month	Year
Name under which employed		Your Job Title		Average hours worked per week:	
Your Job Duties (Be Specific)				Salary/Hourly Wage	
Reason for Leaving _____					

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Previous Employment		Business Phone Number		Employment Dates: From _____ Month Year	
Complete Mailing Address	City	State	Zip Code		
Type of Business				To _____ Month Year	
Supervisor's Name					
Name under which employed		Your Job Title		Average hours worked per week:	
Your Job Duties (Be Specific)				Salary/Hourly Wage	
Reason for Leaving _____					

Previous Employment		Business Phone Number		Employment Dates: From _____ Month Year	
Complete Mailing Address	City	State	Zip Code		
Type of Business				To _____ Month Year	
Supervisor's Name					
Name under which employed		Your Job Title		Average hours worked per week:	
Your Job Duties (Be Specific)				Salary/Hourly Wage	
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Complete Mailing Address	City	State	Zip Code	From _____	
Type of Business				Month	Year
Supervisor's Name				To _____	
				Month	Year
Name under which employed		Your Job Title		Average hours worked per week:	
Your Job Duties (Be Specific)				Salary/Hourly Wage	
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Complete Mailing Address	City	State	Zip Code	From _____	
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Supervisor's Name				To _____	
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Please list three (3) persons not related to you, who have knowledge of your work qualifications, are not previous or current employer(s) and can serve as a reference for you.

Name	Address	Telephone
1.		
2.		
3.		

NEPOTISM

Do you have any relatives employed by Clarksville Light & Water?

Yes

No

If yes, complete the remainder of this section (This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism)

Name	Relation
1.	
2.	
3.	

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IMPORTANT: READ CAREFULLY

Employment At-Will

I understand and agree that if employed by Clarksville Light & Water my employment will be “at-will”. “At-will” means that either Clarksville Light & Water or I may end the employment relationship at any time for any reason or for no reason. I further understand no representative of Clarksville Light & Water has the authority to enter into any agreement for employment with me for any specific period of time or make any agreement with me contrary to the foregoing. I understand that nothing contained in this Application for Employment or in the granting of an interview is intended to create an employment contract between Clarksville Light & Water and myself for either employment or for the providing of any benefit.

Certification of Truth in Application & Release of Information

I certify that the facts set forth in my Application for Employment are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for rejection of this application or dismissal from employment whenever discovered. I authorize Clarksville Light & Water to make any investigation of my personal history (and driving record, if applicable) through any means, including investigation bureaus. I authorize all past and present employers, credit bureaus, the officials of all educational institutions I have attended, any persons named above on this application, and any other person or entity to furnish records and any or all information they may have concerning me. I release them from any and all liability which might result from their revealing or furnishing this information. A photocopy of this authorization shall be as valid as the original.

Pre-Employment Drug Test & Pre-Employment Physical

If offered the applied for position I agree to a pre-employment drug test and pre-employment physical. I understand that employment is contingent upon passing of tests and may be pertinent to the specific Job Description.

Verification of Employment Eligibility

I understand that, if employed, by law I must provide proof of eligibility to work in the United States of America pursuant to the Immigration Reform and Control Act of 1986.

Signature of Applicant _____

Print Applicant Name _____

Date _____