PERSONAL INFORMATION						
NAME (LAST, FIRST MIDDLE)				SOCIAL SECURITY NO.		
PRESENT ADDRESS		CITY		STATE	ZIP CODE	
PRESEIVI ADDRESS		CIT		STATE	ZIP CODE	
PERMANENT ADDRESS		CITY		STATE	ZIP CODE	
PHONE NO.	REFERRED BY					
( )						
EMPLOYMENT DESIRED						
POSITION DESIRED		DATE YO	U CAN START	SALARY DESIRED		
ARE YOU EMPLOYED						
YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESEN	NT EMPLOYE	R?	YES NO		
EVER APPLIED TO THIS COMPANY	WHERE?			WHEN?		
BEFORE?						
YES NO						
EDUCATION HISTORY						
EDUCATION HISTORY			Les de la company de la co	Description Expenses as a	Taran da ana ana ana ana ana ana ana ana an	
					SALEY SARYING	
				N8.23539 17 to 1812 2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE STREET STREET STREET	
GRAMMAR SCHOOL						
HIGH SCHOOL						
HIGH SCHOOL						
COLLEGE						
TRADE, BUSINESS OR						
CORRESPONDENCE SCHOOL						
GENERAL INFORMATION						
	ARCH, WORK OR SPECIAL TRAINING SKILLS					
HAVE YOU EVER BEEN CONVICTED (	OF A FELONY? YES	ио П				
IF YES, PLEASE EXPLAIN (A CONVICT	ION WILL NOT NECESSARILY DISQUALIFY YO	OU):				
US MILITARY OR NAVAL SERVICE		RANK			DATE	
		1			1	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)								
FROM								
ТО								
FROM		-						
ТО								
FROM					·			
ТО								
FROM								
ТО								
REFERENCES GIVE BELOW THE NA	MES OF THREE PROFESSIONAL REFERENCES, NOT RE	ELATED TO YOU, WHOM	YOU HAVE KN	OWN AT LEAST O	NE YEAR			
REFERENCES GIVE BELOW THE NAMES OF THREE PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR								
AUTHORIZATION								
"I CERTIFY THAT THE FACTS CONTAINED IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.								
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and								
ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.								
I UNDERSTAND THAT IF OFFERED A POSITION WITH PIEDMONT WATER COMPANY, I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG								
SCREENING AND BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT UNSATISFACTORY RESULTS OF THESE PRE- EMPLOYMENT TESTS AND CHECKS WILL RESULT IN WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED.								
I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR								
EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.								
IN CONSIDERATION FOR EMPLOYMENT WITH PIEDMONT WATER COMPANY, IF EMPLOYED, I AGREE TO CONFORM TO THE RULES. REGULATIONS								
POLICIES AND PROCEDURES OF THE COMPANY AT ALL TIMES AND UNDERSTAND THAT SUCH OBEDIENCE IS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT DUE TO THE NATURE OF THE BUSINESS, ATTENDANCE AND PUNCTUALITY ARE CONSIDERED ESSENTIAL REQUIREMENTS OF EVERY LOB								
AT THE COMPANY, AND THAT POOR ATTENDANCE OR TARDINESS WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.								
THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."								
DATE	PRINT NAME:							
SIGNATURE	-							