



Paragould Light, Water & Cable EMPLOYMENT APPLICATION



NOTICE TO APPLICANT

This application must be completed in full and signed to be considered for an open position. Resumes may be attached, but the application must be completed as well. If you decide you do not wish this application to be considered for the position advertised, you may contact the Human Resources Manager and request it be removed from consideration. If your background is not compatible with our staffing needs at this time, we will retain your application for one (1) year. Should you qualify for future openings, we will contact you at that time.

Paragould Light, Water & Cable (PLWC) requires each prospective employee to submit to pre-employment drug testing by urinalysis to determine the presence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines or a metabolite of those drugs in each prospective employee's system. Producing a verified positive drug test result or refusing to submit to a required drug test may disqualify a prospective employee from further consideration for employment with this company. PLWC may also conduct random, post-accident and reasonable cause drug and/or alcohol testing of all employees in accordance with applicable federal, state and local laws. PLWC also requires any prospective employee that is applying for a position that necessitates driving a company vehicle to possess a valid Arkansas Driver's License.

Any questions regarding the company's drug and alcohol testing programs should be directed to the Human Resources Manager.

PARAGOULD LIGHT, WATER & CABLE IS AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, military status, ancestry, citizenship, sexual orientation or preference, or physical or mental disability.

PERSONAL

| | | | |
|---------------------------------------|----------|---------|------------------------------|
| Last Name | First | Middle | Date of Application |
| Other Name(s) Used | | | Home Telephone # () |
| Address | | City | Business or Message # () |
| State | Zip Code | | Cell Phone # |
| In case of Emergency - Notify: | | | |
| Name | | Phone # | |
| Address | | City | |
| State | | Zip | |

GENERAL INFORMATION

Position(s) Applied For: _____

How did you learn about the opening? Advertisement Friend
 Employment Agency Employee Referral Other: _____

Are you under 18 years of age? YES NO

If yes, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO

If yes, give date. _____

Have you ever been employed with us before? YES NO

If yes, give date. _____

Do you have relatives employed with us? YES NO

If yes, give all names: _____

Relationship: _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

On what date would you be available for work? _____

Are you available to work: Full-time Part-time
 Shift Work Temporary

Are you available to work overtime? YES NO

Are you able to fully perform the essential functions of the job(s) for which you are applying with or without an accommodation? YES NO

If you believe that an accommodation is needed, please describe: _____

NOTE: The need for an accommodation will not necessarily bar employment. Under Federal law, an employer has a legal obligation to accommodate an employee's or job applicant's handicap or disability unless the accommodation would impose an undue hardship on the employer. The nature of the accommodation needed will be weighed against the extent, if any, it would impose undue burden on the employer, in accordance with the law.

GENERAL INFORMATION, CONTINUED

If hired, can you provide the documents required to prove you are legally able to work in the U.S.? YES NO

Do you have a valid driver's license? YES NO

If yes, Driver's License Number? _____ Which State? _____

Expiration Date _____ Class/Type of License _____

Number of traffic violations within the last 3 years? _____

Has your driver's license been suspended within the last 7 years? YES NO

Have you been convicted of driving under the influence (DUI) or driving while intoxicated (DWI) within the last 7 years? YES NO

Have you been convicted of a crime? YES NO

(Exclude convictions for marijuana - related offenses for personnel use more than two years old; convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed.)

If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

EDUCATION

Circle Highest Grade Completed: High School 9 10 11 12
 College, Trade or Business 1 2 3 4
 Graduate Studies _____

| School | Address | Major Studies | Degree, Diploma, License or Certificate |
|---|---------|---------------|---|
| High School | | | |
| College/University | | | |
| Vocational, Business, Other | | | |
| List Any Professional Designations | | | |
| Other Special Knowledge, Skills or Qualifications | | | |

MILITARY HISTORY

| <u>Branch</u> | <u>Highest Rank Held</u> | <u>Specialization</u> | <u>Time in Specialty</u> |
|-----------------------------------|--------------------------|---|--------------------------|
| Military Schools Completed | | Qualifications or Type of Course | |
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

| | | |
|---|--|---------------------------|
| 1 | Employer Name | Supervisor Phone # |
| | Employer Address | Employment Dates |
| | Name of Supervisor | Weekly Pay/Salary |
| | Job Title & Duties and Responsibilities | Reason For Leaving |
| 2 | Employer Name | Supervisor Phone # |
| | Employer Address | Employment Dates |
| | Name of Supervisor | Weekly Pay/Salary |
| | Job Title & Duties and Responsibilities | Reason For Leaving |

EMPLOYMENT HISTORY, CONTINUED

| | | |
|---|---|--------------------|
| 3 | Employer Name | Supervisor Phone # |
| | Employer Address | Employment Dates |
| | Name of Supervisor | Weekly Pay/Salary |
| | Job Title & Duties and Responsibilities | Reason For Leaving |
| 4 | Employer Name | Supervisor Phone # |
| | Employer Address | Employment Dates |
| | Name of Supervisor | Weekly Pay/Salary |
| | Job Title & Duties and Responsibilities | Reason For Leaving |
| 5 | Employer Name | Supervisor Phone # |
| | Employer Address | Employment Dates |
| | Name of Supervisor | Weekly Pay/Salary |
| | Job Title & Duties and Responsibilities | Reason For Leaving |

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:
 Employer Number (s): _____
 Reason: _____

REFERENCES (Please list professional references—do not list relatives)

| | | |
|----|--------|----------------|
| 1. | _____ | _____ |
| | (Name) | (Phone Number) |
| 2. | _____ | _____ |
| | (Name) | (Phone Number) |
| 3. | _____ | _____ |
| | (Name) | (Phone Number) |

APPLICANT'S STATEMENT

I certify that the information given in this Employment Application and related documentation is true and complete without qualification. I understand that the hiring process will be terminated, or in the event of my employment by PLWC, I shall be subject to dismissal, if any information that I have given in this application, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery. I authorize Paragould Light, Water & Cable to inquire into my educational, professional and past employment history and verify all data given on this application, on related papers and in interviews. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references of former employer that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information.

In consideration for my employment with PLWC, I agree to conform to the rules and regulations of the company as set forth in the company's employee handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or be added to by the employer at any time, at the employer's sole option and without prior notice to me.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of the company and can be terminated with or without cause, and with or without notice, at any time at the option of either the company, or myself. I further understand and agree that no manager, representative, agent or employee of the company, other than the General Manager/CEO, has now or has had any authority to enter into any agreement which is contrary to or a modification of the above described employment relationship, and any such agreement or representation must be in writing and signed by both myself and the General Manager/CEO of the company in order to be effective.

I further understand and acknowledge that, as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for the presence of drugs and/or alcohol) and periodic driver's license checks (if I am employed in a position that requires driving a company vehicle) at the employer's discretion and expense.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Applicant's Signature: _____ Date: _____
(Required)

NOTICE TO APPLICANTS

AFFIRMATIVE ACTION/ EQUAL EMPLOYMENT OPPORTUNITY

In compliance with Federal, State and Local Equal Employment Opportunity Laws and Regulations, qualified applicants shall not be discriminated against because of Race, Color, Religion, Sex, National Origin, Age, Marital Status, Veteran or Vietnam Veteran Status, Disability, Height or Weight.

To help us comply with Equal Employment Opportunity record keeping and reporting requirements we would appreciate your giving us the following information on a voluntary basis.

This information will be kept in a confidential file separate from your personnel file and will not be used to discriminate against you.

Date: _____

Position Applied For: _____

Name: _____ Telephone #: _____

Address: _____

Date of Birth: _____

Race/Ethnic Group:

Asian: _____ Hispanic _____ Black _____ American Indian _____

White _____ Other _____

Sex: Male _____ Female _____

Veteran: Veteran _____ Vietnam Era Veteran _____

Disabled Veteran _____ V.A. Disability Rating _____%

DISABLED - If disabled or handicapped, please describe your disability:

List special skills/training that you feel would qualify you for positions not otherwise open to you because of your disability, also list accommodation necessary to enable you to perform the job properly and safely.

