



Public Water Supply District No. 2 of Cape Girardeau County

Employment Application

www.cgcpwsd2.com

2345 State Hwy B, Oak Ridge MO 63769
PO Box 21, Millersville MO 63766

Phone: (573) 243-1156
Email: clerk@cgcpwsd2.com

General Information

Position applying for: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Street Apt City State Zip

Phone: _____ Email: _____

Do you have a valid Driver's License? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

If no, are you authorized to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain: _____

Have you ever worked for this company before? ☐ Yes ☐ No If yes, when: _____

When would you be available to start? _____ Desired Salary: \$ _____

Education

Name of High School: _____

Did you graduate or receive a GED? ☐ Yes ☐ No

Name of College, Trade or Technical School: _____

Did you receive a degree? ☐ Yes ☐ No If yes, degree: _____

Certificates and/or Licenses

Type of License/Certification	License/Certification Number	Expiration Date	Issuing Agency

Employment History

Current/Most Recent Employer: _____

Employers Address: _____
Street City State Zip

Phone Number: _____ Supervisor Name & Title: _____

Employment Dates (Month/Year): From _____ To: _____ Final Pay: _____

Job Title: _____ Reason for Leaving: _____

Skills used and duties performed while employee: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Employer: _____

Employers Address: _____
Street City State Zip

Phone Number: _____ Supervisor Name & Title: _____

Employment Dates (Month/Year): From _____ To: _____ Final Pay: _____

Job Title: _____ Reason for Leaving: _____

Skills used and duties performed while employe: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Employer: _____

Employers Address: _____
Street City State Zip

Phone Number: _____ Supervisor Name & Title: _____

Employment Dates (Month/Year): From _____ To: _____ Final Pay: _____

Job Title: _____ Reason for Leaving: _____

Skills used and duties performed while employe: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

References

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Skills applicable to the position applying for: _____

I hereby certify that all statements in this application are true, and I authorize investigation and verification of any of this material. I understand that any misstatement or omission of information will cause forfeiture of my eligibility for employment and will result in my removal from eligibility list or dismissal from District employment. I authorize the employers listed above to give any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing information. I further agree to furnish proof of eligibility to work in the United States. I understand that PWSD No. 2 of Cape Girardeau County reserves the right to only notify those individuals selected for an interview as to the status of their application for employment.

Signature of Applicant: _____ Date: _____