

# MANVILLE WATER SUPPLY CORPORATION

## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN OR PHYSICAL HANDICAP.

**(PLEASE PRINT)**

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME:

LAST

FIRST

MIDDLE

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP

PHONE NUMBER:

CELL PHONE NUMBER:

TX D. L. NUMBER:

SOCIAL SECURITY NUMBER:

**EMPLOYMENT INFORMATION**

POSITION APPLYING FOR:

**ARE YOU 21 OR OVER ? YES NO**

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE OF YOUR  
PRESENT EMPLOYER?

YES

NO

EVER APPLIED TO MANVILLE BEFORE?

YES

NO

DATE:

EDUCATION	NAME OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED	SUBJECT STUDIED
GRAMMER SCHOOL			N/A	N/A
HIGH SCHOOL			N/A	N/A
COLLEGE				
TRADE OR BUSINESS SCHOOL				

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

MILITARY SERVICE:

RANK

ARE YOU RELATED TO ANY MANVILLE

EMPLOYEE.

YES

NO

ACTIVITIES OTHER THAN RELIGIOUS

(CIVIC, ATHLETIC, FRATERNAL, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF IT'S MEMBERS.

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**FROMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)**

MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				

**REFERENCES: TWO PERSONS NOT RELATED TO YOU THAT YOU HAVE KNOW AT LEAST 1 YEAR.**

NAME	ADDRESS	PHONE NUMBER

**During the past (7) seven years, have you been convicted of, or have you pled guilty or no contest to, a felony offense? If yes, please explain in the space below.**

I hereby authorize and request and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit-worthiness and personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report and a criminal history background check may be requested whereby information is obtained through state and/or federal databases, personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complain Form (PDF), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Dept. of Agriculture, Director, Office of Adjudication, 1400 Independent Avenue, S.W., Washington DC 20250-9410, by fax (202)690-7442 or e-mail at [program.intake@usda.gov](mailto:program.intake@usda.gov).

**FOR OFFICE USE ONLY**

POSITION:	START DATE:	SALARY:
APPROVED BY: 1.	2	
GENERAL MANAGER	SUPERVISOR	