

West Saline Water Users Association, Inc.
P O Box 29, 6330 Hwy 8, New Edinburg, AR 71660-0029
Phone 870 866 0534 wswu@pobox.com
<https://westsalinewater.ruralwaterusa.com/>

Job Application

PERSONAL INFORMATION:

First Name _____ Middle Name _____ Last Name _____
Street Address _____ City _____, State _____ Zip _____
Phone Number _____ Cell Phone Number _____ Email _____

POSITION / AVAILABILITY

Position Applied for: _____
Days Available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____
Hours Available: From _____ to _____
What date are you available to start to work? _____

EDUCATION:

Name and Address of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____
Address: _____
Supervisor: _____ Phone: _____ Email: _____
Position / Title: _____
Dates of Employment: From _____ to _____

Job Responsibilities: _____

Salary: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____ Phone: _____ Email: _____

Position / Title: _____

Dates of Employment: From _____ to _____

Job Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present or Former Employer? _____ Yes _____ No

Have you been convicted of or pleaded no contest to a felony within the last five years? _____ Yes _____ No

If Yes, Please explain: _____

References:

Name / Title / Address / Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for Immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed below.

Signature: _____ Date _____