



21 Courtney Drive
Ellington, CT 06029
(860)875-2332

EMPLOYMENT APPLICATION

Skips Wastewater Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure that opportunity for employment with Skips Wastewater Services depends solely on your qualifications.

General Information

				Today's Date _____ / _____ / _____	
_____	_____	_____	_____	_____	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Other Names (so we may verify your employment history)</i>		
_____	_____	_____	_____	_____	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Social Security #</i>	
_____	_____	_____		_____	
<i>Home Phone</i>	<i>Alternate/ Cell Phone</i>		<i>Email Address</i>		

Are you interested in: Full Time Part Time Temporary

How did you hear about the position? _____ Desired Pay: \$ _____

When are you able to start? _____ Position desired: _____

Are you able to perform the essential jobs functions of the position you are applying with or without reasonable accommodations?
 Yes No

If hired, will you be able to work overtime? Yes No

Driver's license # if driving may be required for which you are applying _____

State of Issue _____ Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM ____ / ____ Month Year	COMPANY NAME	YOUR POSITION and TITLE	
TO ____ / ____ Month Year	NO. & STREET	SUPERVISOR'S NAME and TITLE	
CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$
TELEPHONE NUMBER ()	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON (S) FOR TERMINATION
BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

FROM ____ / ____ Month Year	COMPANY NAME	YOUR POSITION and TITLE	
TO ____ / ____ Month Year	NO. & STREET	SUPERVISOR'S NAME and TITLE	
CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$
TELEPHONE NUMBER ()	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON (S) FOR TERMINATION
BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

PLEASE LIST YOUR WORK EXPERIENCE BELOW (Continued)

FROM ____ / ____ Month Year		COMPANY NAME		YOUR POSITION and TITLE	
TO ____ / ____ Month Year		NO. & STREET		SUPERVISOR'S NAME and TITLE	
CITY		STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
TYPE OF BUSINESS			STARTING PAY \$	FINAL PAY \$	
TELEPHONE NUMBER ()			TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON (S) FOR TERMINATION	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES					

FROM ____ / ____ Month Year		COMPANY NAME		YOUR POSITION and TITLE	
TO ____ / ____ Month Year		NO. & STREET		SUPERVISOR'S NAME and TITLE	
CITY		STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
TYPE OF BUSINESS			STARTING PAY \$	FINAL PAY \$	
TELEPHONE NUMBER ()			TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON (S) FOR TERMINATION	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES					

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
MILITARY SERVICE (List dates, ranks and training)			
TRADE OR OTHER			

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE NUMBER

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying:

FIELD SKILLS

Please check the following that closest describes your experience:

	No experience	Some experience	Much experience	Comments
Laser or transit use				
Pipe laying				
On call service				
Reading blue prints				
Calculating elevations and capacities				
Job estimating				
Working independently				
Working collaboratively				
Meeting deadlines				
Routing				
Operating equipment				
Drainage work				

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____