



North Little Rock Wastewater
7400 Baucum Pike
P.O. Box 17898
North Little Rock, AR 72117

Application for Employment
Position for which you are applying:

Today's Date: _____

Name: _____
 Last First MI

Address: _____
 Street City State Zip

Telephone: _____ Alternate Telephone No: _____

E-Mail Address: _____ Are you 18 or older? Yes No

Are you legally eligible for employment in this country? Yes No

Have you ever been convicted of a felony? Yes No

Desired Salary: \$ _____

North Little Rock Wastewater is an Equal Opportunity Employer that participates in the Drug Free Workplace Act as amended by the Arkansas Medical Marijuana Act Non-Discrimination Provision. Applicants accepted for employment in safety sensitive positions will be required to pass a drug/alcohol screening.

Education

Name/Address of School	Did you Graduate?	List Degree or Subjects Studied

Skills

List Equipment and Skills: Backhoes, Pumps, Welders, Software, Office Machines, CDL, etc.

References

Name	Address	Phone	# of Years Known to You

Nepotism Policy Statement

North Little Rock Wastewater will not hire relatives of already employed personnel (exception for Temporary Laborers). "Relative" is defined as a spouse, child, parent, sibling, grandparent, grandchild, aunt, uncle, niece, nephew, 1st or 2nd cousin, corresponding in-law or step relation.

Do you have a relative who is an employee of North Little Rock Wastewater (check one): Yes No
 If YES, in the space provided below, list the full name of the relative and their relationship to you.

Name: _____ Relationship: _____

Employment History and Volunteer Service

In the space provided below, please list all work experience and/or training that you have which is relevant to the requirements for the position for which you are applying. Please provide all requested information. Do not indicate 'SEE RESUME.' A resume may be attached to provide additional information, but it will not be accepted instead of completion of this form. If you need more space, you may attach additional pages.

BEGIN WITH YOUR PRESENT OR LAST EMPLOYER

EMPLOYER:	EMPLOYER STREET ADDRESS:	EMPLOYER CITY, STATE, ZIP:			
SUPERVISOR'S NAME :	TELEPHONE NUMBER:	DATES EMPLOYED:	FROM	TO	SALARY: START FINAL
EMPLOYMENT STATUS: HOURS WORKED PER WEEK: FULL TIME PART TIME TEMPORARY VOLUNTEER		DESCRIPTION OF DUTIES:			
MAY WE CONTACT FOR REFERENCE? YES NO		JOB TITLE:		REASON FOR LEAVING:	

EMPLOYER:	EMPLOYER STREET ADDRESS:	EMPLOYER CITY, STATE, ZIP:			
SUPERVISOR'S NAME :	TELEPHONE NUMBER:	DATES EMPLOYED:	FROM	TO	SALARY: START FINAL
EMPLOYMENT STATUS: HOURS WORKED PER WEEK: FULL TIME PART TIME TEMPORARY VOLUNTEER		DESCRIPTION OF DUTIES:			
MAY WE CONTACT FOR REFERENCE? YES NO		JOB TITLE:		REASON FOR LEAVING:	

EMPLOYER:	EMPLOYER STREET ADDRESS:	EMPLOYER CITY, STATE, ZIP:			
SUPERVISOR'S NAME :	TELEPHONE NUMBER:	DATES EMPLOYED:	FROM	TO	SALARY: START FINAL
EMPLOYMENT STATUS: HOURS WORKED PER WEEK: FULL TIME PART TIME TEMPORARY VOLUNTEER		DESCRIPTION OF DUTIES:			
MAY WE CONTACT FOR REFERENCE? YES NO		JOB TITLE:		REASON FOR LEAVING:	

I, _____ HEREBY GIVE CONSENT TO ALL MY PRIOR EMPLOYERS TO PROVIDE INFORMATION REGARDING MY EMPLOYMENT TO NORTH LITTLE ROCK WASTEWATER.

Signature: _____ Date: _____

I hereby certify that my application form and all attachments to it contain no false information and are complete, truthful and accurate to the best of my knowledge. I understand that should an investigation disclose misrepresentation or falsification of any information on this form or its attachments, my application may be rejected, my name removed from the eligibility register, and if I have already been employed, I may be subject to termination and in the future, be disqualified from employment with North Little Rock Wastewater.

Signature: _____ Date: _____



APPLICATION INFORMATION FORM

(COMPLETE BOTH SIDES)

NORTH LITTLE ROCK WASTEWATER is an Equal Opportunity/ Affirmative Action Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide as requested, statistical data to certain federal compliance agencies. This information WILL NOT jeopardize your opportunity for employment with NLRW.

NAME: _____ TODAY'S DATE: _____
Title of Job for which you have applied: _____

GENDER AND RACE / ETHNIC IDENTIFICATION

GENDER: _____

RACE / ETHNIC: For the purpose of Equal Opportunity, race / ethnic categories are identified below. Please check the category which identifies your race / ethnic background.

- WHITE:** (NOT OF LATINX ORIGIN) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- BLACK:** (NOT OF LATINX ORIGIN) – All persons having origins in any of the black racial groups of Africa
- LATINX:** All persons of Latin American cultural or ethnic identity regardless of race
- ASIAN or PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (Example: China, Korea, the Philippine Islands, and Samoa)
- NATIVE AMERICAN:** All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

REFERRAL SOURCE (S)

HOW DID YOU LEARN OR THIS / THESE POSITION (S)? PLEASE CHECK ONE:

- | | |
|--|--|
| <input type="checkbox"/> Human Resources Posting | <input type="checkbox"/> Print Media Posting |
| <input type="checkbox"/> Relative or Friend | <input type="checkbox"/> Utility Employee |
| <input type="checkbox"/> Social Media Posting | <input type="checkbox"/> Website |
| <input type="checkbox"/> Technical / Business School | <input type="checkbox"/> Other (specify) _____ |

DISABILITY NOTICE

NOTICE TO APPLICANTS – PLEASE READ CAREFULLY!!!

You are invited to voluntarily provide information relative to any reasonable accommodation which you may need for the evaluation process for this position as described on the printed job announcement or as provided verbally by the Human Resources Department or its representative.

Should you voluntarily provide this information, it will be held in strict confidence. Failure to provide this information will not subject you to any adverse treatment. (This information is requested in an effort to meet the accommodation requirements of the Americans with Disabilities Act.)

DISABLED INDIVIDUAL? YES NO

I choose not to provide a response to this question

If a special accommodation is needed, we request that you notify us of the requirement, at least twenty-four (24) hours in advance of the time in which the accommodation is needed. The request to the Human Resources Department may be in writing, by telephone, or in person.

Telephone No: 501-945-7186
Address: 7400 Baucum Pike, P.O. Box 17898
North Little Rock, AR 72117-0898

ACCOMMODATIONS REQUIRED: (IF ANY) _____

NOTE: The information provided on this form will be kept separate from the employment application form.



**UNIVERSAL CONSENT FORM
CRIMINAL / TRAFFIC RECORD / E-VERIFY**

I do hereby authorize the release of my Criminal / Traffic records and any information pertaining to any criminal records (if any), and/or citizenship / eligibility for employment to North Little Rock Wastewater.

A copy of this release shall have the same force and effect as an original.

Driver's License Number:

Birth Date: ____/____/____
Month Day Year

NAME:

First

/ /
M.

Last

SIGNATURE:

____/____/____
Month Day Year

Traffic Record

Criminal Record

Note: Please provide the above, requested information to:

**North Little Rock Wastewater
Human Resources
P.O. Box 17898
North Little Rock, AR 72117-0898**

Phone: 501.945.7186 Fax: 501.945.4752 Email: NLRWU@nlrwu.com