



WATER CONDITIONING
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

STATEMENT OF POLICY NON-DISCRIMINATION AND AFFIRMATIVE ACTION PROGRAM - It is to be known and understood that this employment policy is one of whole-hearted non-discrimination in hiring, training and promoting for any job, hourly or salaried, without consideration of race, creed, color, national origin, religion, sex, age, disability, medical condition, marital status, veteran status, or on any other basis prohibited by applicable federal, state and local laws. This policy includes employee participation in Company-sponsored activities and benefits programs.

PLEASE PRINT - ANSWER ALL QUESTIONS

PERSONAL				
Last Name	First Name	Middle Name	Social Security No.	Date
Permanent Address			City State Zip	Telephone
Are you younger than 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the legal right to live and work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attestation form must be completed in accordance with immigration reform and control act of 1986)			
Name of friends or relatives employed in this organization:			Other name(s) under which you have been employed:	
Have you ever applied to a Culligan dealership before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date(s) and position(s) applied for:			
Have you ever been employed by a Culligan dealership before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date(s) of employment:			
Do you know anyone employed by a Culligan dealership? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), offense(s) and disposition (convictions are not an automatic disqualification from employment):			
EMPLOYMENT OBJECTIVES				
Position applying for:	Second Choice:	Date Available:	Salary Expected:	
Type of employment you are seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Commission	Shift(s) you can work: <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays			
How were you referred to our organization? <input type="checkbox"/> Advertisement <input type="checkbox"/> Other Company <input type="checkbox"/> Agency <input type="checkbox"/> Employment Service <input type="checkbox"/> Employee <input type="checkbox"/> School <input type="checkbox"/> Self <input type="checkbox"/> Other			Name of Referral Source:	
Other Employment: Are you associated in any way with another company where you will continue to work while employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				

EMPLOYMENT HISTORY Give employment record as completely as possible, listing current or most recent employer first. Show unemployed or self-employed periods and indicate dates and comment on each period. Include part time or summer work. You may use extra sheets for additional information.

1. Employer (Current or Last):		Telephone:	Dates Employed (Month/Year) From: To:	
Address	Job Title	Type of Business		Supervisor's Name & Title
Base Rate of Pay (Hr/Week/Month) Starting: Ending:		Other Compensation (Bonus, Etc.)	Reason for Leaving:	
Description of Duties			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Position:		Position at Leaving:		
2. Employer:		Telephone:	Dates Employed (Month/Year) From: To:	
Address	Job Title	Type of Business		Supervisor's Name & Title
Base Rate of Pay (Hr/Week/Month) Starting: Ending:		Other Compensation (Bonus, Etc.)	Reason for Leaving:	
Description of Duties			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Position:		Position at Leaving:		
3. Employer		Telephone:	Dates Employed (Month/Year) From: To:	
Address	Job Title	Type of Business		Supervisor's Name & Title
Base Rate of Pay (Hr/Week/Month) Starting: Ending:		Other Compensation (Bonus, Etc.)	Reason for Leaving:	
Description of Duties			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Position:		Position at Leaving:		
4. Employer		Telephone:	Dates Employed (Month/Year) From: To:	
Address	Job Title	Type of Business		Supervisor's Name & Title
Base Rate of Pay (Hr/Week/Month) Starting: Ending:		Other Compensation (Bonus, Etc.)	Reason for Leaving:	
Description of Duties			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Position:		Position at Leaving:		

EDUCATION/TRAINING				
School / Institution	Name & Address	Major / Emphasis	GPA	Degrees and/or Diplomas
High School				
College				
College				
Other				
Honors or Awards Received	Professional Certificates or Licenses Held	Describe any special skills or qualifications:		
Are you taking any educational courses presently? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what and where?				
Present community and professional affiliations or offices held (exclude affiliations which might indicate race, religion, are or national origin):				
DRIVING RECORD Complete whether you will drive a company road vehicle or your own vehicle on company business.				
Driver's License No.	Class No.	State	Has license ever been suspended, revoked or restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many moving violations in the last 3 years? ____ Explain:		How many traffic accidents in the last 3 years? ____ Explain:		
Have you driven vehicles with standard shift? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you read the I.C.C. safety regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you know the traffic laws of this city and state? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers in this company are held responsible for all laws they break. Do you accept this rule? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For which types of vehicles do you have a valid driver's license? <input type="checkbox"/> Passenger Car <input type="checkbox"/> Bus <input type="checkbox"/> Taxi Cab <input type="checkbox"/> 1-1/2 Ton Truck <input type="checkbox"/> Truck over 1-1/2 Ton <input type="checkbox"/> Tractor Trailer				
PERSON TO NOTIFY IN CASE OF EMERGENCY				
Name:	Address:		Phone:	
REFERENCES List people we may contact who are qualified to evaluate your ability to perform this job (do not include relatives).				
Name	Address:	Telephone:	Occupation	Years Known
ADDITIONAL INFORMATION Use this space to indicate any further information that may be relevant to your ability to perform the job for which you have applied.				

ACKNOWLEDGEMENTS

TERMS AND CONDITIONS

1. I authorize the Company to make any investigation deemed necessary to verify the information set forth in the pre-employment questionnaire and/or the application for employment, promotion and continued employment with the Company.

I have read and understand this statement and have initialed here. _____

2. Any acceptance of employment and continued employment will be based upon the truthfulness and accuracy of any written statements contained in the pre-employment questionnaire and the application for employment, as well as anything I say before a hiring decision is made generally. I understand that should the Company determine at any time that any information or statement that I made is not accurate or truthful, any job offer extended to me will be withdrawn; and if I become employed I will be subject to dismissal.

I have read and understand this statement and have initialed here. _____

3. I understand that the pre-employment questionnaire, the application for employment and any employment relationship that may be entered into is not to be construed as a guarantee of continuing, long term or employment for any specific period of time. I also understand that my employment with the Company is not in any form an express or implied contract and that my employment can be terminated at any time, with or without cause or reason, with or without notice, as the option of the Company or myself.

I have read and understand this statement and have initialed here. _____

4. I acknowledge that I have read all of the above information and understand it. I also understand that all terms set forth in the pre-employment questionnaire and the application for employment represent the entire understanding and agreement between the Company and myself. I also understand that the pre-employment questionnaire and the application for employment cannot be changed in any way by any oral statements made to me by anyone who represents the Company unless the General Manager or President of the Company and I agree in writing to the change.

I have read and understand this statement and have initialed here. _____

DRUG SCREENING POLICY AND STATEMENT

I understand that the Company requires a drug screening as part of its hiring process. I understand that any offer of employment extended to me by the Company is conditioned upon such drug screening which consists of taking the urine, or other medically recognized tests designed to detect traceable amounts of illegal drugs or substances in my body. If any detectable amounts are found a second approved test will be done on the same specimen. If the results of the second test are positive, the conditional offer of employment to be can and will be rescinded by the company. By signing this statement I give my consent to the Company to administer any drug screening procedures to me, and to use the results in confidence in further determining my employment with the Company. If employed by the Company, I understand and agree that at any time during the course of that employment, I may be required to submit to a medical examination or drug screening as permitted by state law concerning my ability to perform my job in any manner that does not endanger my health or safety, or the health or safety of others, or for other reasons which are also job related or of business necessity.

I have read and understand this statement.

Signature

Date

TO BE COMPLETED FOLLOWING EMPLOYMENT.

Employment Date _____

Date of Birth _____

Name _____

Culligan[®]

better water. pure and simple.[®]

Culligan Water Conditioning

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