



**CLARKSVILLE CONNECTED UTILITIES  
APPLICATION FOR EMPLOYMENT**

P.O. Box 1807 ~ 400 W. Main Street Clarksville, AR 72830 ~ Phone: (479) 754-3148

*Please fill out all of the sections below:*

<b><u>Applicant Information</u></b>	
<b>Applicant Name:</b>	
<b>Address:</b>	
<b>City, State and Zip Code:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Date of Application:</b>	

<b><u>Employment Position</u></b>	
<b>Position(s) applying for:</b> _____	
How did you hear about this position?	
On what date can you start working if you are hired?	

<b><u>Personal Information</u></b>	
Will you accept any type of employment?	
Have you ever filed an application for employment with CCU?	
If yes, what was your name at the time?	
Have you ever been employed by CCU?	
May we contact your current/former employer(s)?	
List professional licenses(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration and state (including CDL).	
Are you bilingual?	

**Clerical and Secretarial Applications Only**

Select all fields that you have experience with:

10-Key	Internet	Network Software
A/R and/or A/P	Load Management	Payroll System
Email	Microsoft Windows	Data Entry
Customer Service	Personal Computer	Typing
Proofreading	Fax Machine	WPM

**Trades, Crafts and Technical Applications Only**

Select all fields that you have experience with:

Warehousing	Electrical Hand Tools
Computer Inventory Methods	Electrical Safety
Lay Out Work Orders	Radio Communications and Operations
Prepare Work Orders	Pole Inspection
Basic Electricity	Load Management Systems
Tree Trimming	Meter Reading
Brush Clearing	Collecting Consumer Accounts
Clearing Machinery	Handling Consumer Concerns
Material Control	Connecting and Disconnecting Meters
Perpetual Inventory	Mapping Systems
Automotive Maintenance	Load Switching
Electric and Gas Welding	Substation Construction
Hotline Work (Primary and Secondary)	Line Construction
Regulators, Capacitors, Breakers and Switches	Transformer Banks
Underground Experience (Primary and/or Secondary)	Pole Climbing Experience
Heavy Equipment Experience	Fiber Splicing
Computer/IT Experience	Management

**Equipment Experience**

Bucket Truck	Backhoe	Excavator
Dump Truck	Bulldozer	

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

List all prior work experience beginning with your most recent employment. You may include volunteer or unpaid work as part of your history; however, you will need to include the specific number of hours per week which you performed these duties.

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Average Hours Worked Weekly \_\_\_\_\_

Salary/Hourly Wage \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Employer Name:</b>	_____
Job Title:	_____
Supervisor Name:	_____
Employer Address:	_____
City, State and Zip Code:	_____
Employer Telephone:	_____
Dates Employed:	_____
Average Hours Worked Weekly	_____
Salary/Hourly Wage	_____
Reason for leaving:	_____
_____	
_____	
<b>Employer Name:</b>	_____
Job Title:	_____
Supervisor Name:	_____
Employer Address:	_____
City, State and Zip Code:	_____
Employer Telephone:	_____
Dates Employed:	_____
Average Hours Worked Weekly	_____
Salary/Hourly Wage	_____
Reason for leaving:	_____
_____	
_____	

**References**

Please list three persons not related to you, who have knowledge of your work qualifications and are not previous or current employer(s).

Name	Address	Telephone Number
1.		
2.		
3.		

**Nepotism**

Do you have any relatives currently employed by CCU?	
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If yes, complete the remainder of this section. This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.

Name
1.
2.
3.

**IMPORTANT: READ CAREFULLY**

**Employee At-Will**

I understand and agree that if employed by Clarksville Connected my employment will be “at-will”. “At-will” means that either Clarksville Connected or I may end the employment relationship at any time for any reason or for no reason. I further understand no representative of Clarksville Connected has the authority to enter into any agreement for employment with me for any specific period of time or make any agreement with me contrary to the foregoing. I understand that nothing contained in this Application for Employment or in the granting of an interview is intended to create an employment contract between Clarksville Connected and myself for either employment or for the providing of any benefit.

**Certification of Truth in Application & Release of Information**

I certify that the facts set forth in my Application for Employment are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for rejection of this application or dismissal from employment whenever discovered. I authorize Clarksville Connected to make any investigation of my personal history (and driving record, if applicable) through any means, including investigation bureaus. I authorize all past and present employers, credit bureaus, the officials of all educational institutions I have attended, any persons named above on this application, and any other person or entity to furnish records and any or all information that may concern me. I release them from any and all liability which might result from their revealing or furnishing this information. A photocopy of this authorization shall be as valid as the original.

**Pre-Employment Drug Test & Pre-Employment Physical**

If offered the applied for position I agree to a pre-employment drug test and pre-employment physical. I understand that employment is contingent upon passing of tests and may be pertinent to the specific Job Description.

**Verification of Employment Eligibility**

I understand that, if employed, by law I must provide proof of eligibility to work in the United States of America pursuant to the Immigration Reform and Control Act of 1986.

Applicant Signature:	
Print Applicant's Name:	