

EMPLOYMENT APPLICATION FOR  
COLDWATER BOARD OF PUBLIC UTILITIES  
ONE GRAND STREET  
COLDWATER, MI 49036

PLEASE PRINT

\*Date \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

How were you referred: \_\_\_\_\_ Newspaper \_\_\_\_\_ School  
\_\_\_\_\_ On my own \_\_\_\_\_ CBPU Employee  
\_\_\_\_\_ Agency \_\_\_\_\_ Other

Name of referral source

\_\_\_\_\_

TYPE OF WORK DESIRED

Indicate the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

What is your minimum weekly salary requirement? \_\_\_\_\_

Date available for work: \_\_\_\_\_

Do you have any commitments to another employer that might affect your  
employment with us? \_\_\_\_\_

\_\_\_\_\_

\*This application will be considered only for employment purposes by the employer  
for a period of 180 calendar days from the date hereof, after which this application  
will be destroyed and applicant must, in order to be considered for employment,  
complete and re-file a new application form.

**EDUCATIONAL DATA**

School	Print name and address for each school listing	Type of course or major	Graduated?
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High School:

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College:

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Trade, Business, Night or Correspondence:

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Other:

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**MILITARY EXPERIENCE**

Were you in the U.S. Armed Forces?       Yes       No

If yes, what branch? \_\_\_\_\_

Rank at separation: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

List present employer or most recent employer first (use other side of this application if necessary). May we contact these employers?       Yes       No

Employer: \_\_\_\_\_ Length of time employed: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Your job title: \_\_\_\_\_

Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Length of time employed: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Your job title: \_\_\_\_\_

Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Length of time employed: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Your job title: \_\_\_\_\_

Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Length of time employed: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Your job title: \_\_\_\_\_

Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**GENERAL INFORMATION**

Have you previously applied for employment at this Company?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Have you previously been employed at this Company?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Are any of your relatives employed by this Company?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please list name and department: \_\_\_\_\_

\_\_\_\_\_

Please include any other information you think would be helpful in considering you for employment, including additional work experience, articles/books published, activities, accomplishments, and so forth. Exclude all information indicative of age, height, weight, sex, race, religion, color, marital status, national origin, and handicap/disability unless you wish to request a disability accommodation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S REPRESENTATION FOR EMPLOYMENT**

Should I be employed by the Company, I agree to conform to the Company's rules and regulations, and agree that as an at-will employee my employment and compensation can be terminated, at any time, for any reason, with or without notice, at the option of either the Company or myself.

I certify that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize persons, schools, current employer and previous employers, and organizations named in this application to provide the Company with any relevant information that may be required. I further release all parties providing information from any and all liability or claims for damages whatsoever that may result from this information's release, disclosure, maintenance, or use.

Any doctor, hospital, or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the Employer to determine my abilities to perform job duties now or in the future. I understand that my employment may be contingent on my passing a physical, drug and alcohol examination.

I understand and agree that because of the nature of the Employer's business, the Employer has the right to investigate and search any and all equipment and/or property of or on the Employer's premises, including the undersigned and any property I possess on/in the Employer's premises, facilities or equipment at any time without advance notice.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

If employed, I understand that my employment is for no definite period of time, and if terminated, the Employer is liable only for wages or salary earned as of the date of termination.

I understand and agree in the event I am hired, denied employment or terminated, and a dispute, claim or controversy arises out of my employment or denial thereof pursuant to any state or federal statutes, regulation and/or rules, I hereby agree that my sole, only and exclusive remedy shall be to submit said dispute, claim or controversy to arbitration in accordance with the current arbitration provisions adopted by the Employer for final and binding resolution of my claim. I further understand the Employer agrees to be bound by a properly rendered decision of the arbitrator.

This application has been read by me in its entirety.

_____ Signature	_____ Date
_____ Witness	_____ Date

COLDWATER BOARD OF PUBLIC UTILITIES

RELEASE OF PRIOR EMPLOYMENT, SCHOOL, MEDICAL AND POLICE  
RECORDS  
and  
WAIVER OF RIGHTS

I understand that the Coldwater Board of Public Utilities requires that if employed I will have contact with the public and may from time-to-time enter a private residence or business. Therefore, I hereby consent, agree, and authorize the release of my personal employment, medical, high school and/or college transcript and attendance record, and criminal records including driving convictions to the Coldwater Board of Public Utilities and waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to them or my medical records are divulged by any doctor, hospital or health facility to them and/or when my criminal record and/or driving record is divulged by any Federal, State or local governmental agency to them. In addition, I agree to not commence any legal action or seek any damages against any person, governmental agency, educational institution, Company, Corporation or their officers, agents or employees because of any information released as a result of my signing of this release.

\_\_\_\_\_  
Print or Type Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date