620 E. Main St. · Salem, Kentucky 42078

Phone (270) 988-2680 • Fax (270) 988-4892

Employment Application

Position applied for:			
Please attach a detailed re off at the office, pla	sume with this application ced in the drop box on sid <u>abbiea@clwaterd</u>	de of building, mailed or o	
Application Information:			
Full Name:			
Address:			
City:	State:	Zip Code:	
Phone Number:()Email	:	
Are you a citizen of	the United States: Yes:	or No:	
If no are you authori	ized to work in the U.S? Y	es: or No:	,
Have you ever been	convicted of a Felony: Ye	es: or No:	
If yes, explain?			
Have you ever work	ed for this company befor	re: Yes: or No:	When:
Availability date:			
Employment Please include a detailed empl	'oyment history in your attac	ched resume	
Current Employer:			
Job Title:		Start Date:	

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Education	
High School:	City/State:
Did you Graduate Yes: or No:	<u> </u>
College:	City/State:
Did you Graduate Yes: or No:	
Degree:	
References	
Please include at least three references	
Full Name:	
Phone Number:	
Relationship:	
Full Name:	
Phone Number:	
Relationship:	
Full Name:	
Phone Number:	
Relationship:	