# COTTONWOOD RURAL WATER ASSOCIATION P.O. BOX 1484

ARTESIA, NM 88211-1484 PHYSICAL LOCATION: R-260 N. RURAL 13<sup>TH</sup> ST. ARTESIA, NM

### **APPLICATION FOR EMPLOYMENT**

Date:\_\_\_\_\_

This application will be considered for other vacant por requested in order to assist us in of this application pertaining to application for employment.	sitions, a new appli n making the best po	cation must be ssible placeme	e filed. The following the fol	ng information is tion. All portions
The Association, in accordance color, religion, sex, national original law, by virtue of its contract(s) with minorities, otherwise qualified or	gin, age, disability, or ith the federal gover	r veteran statu nment, to make	s. The association is affirmative action to	also required by employ women,
COTTONWOOD RURAL WATER	ASSOCIATION IS AN	EQUAL OPPOR	TUNITY PROVIDER A	ND EMPLOYER
<u>Please Print</u>				
Name:				
(Last)	(	(First)		ddle)
Address:				
(House Number & Street)			(Telephone	· Number)
(City)	(State)	(Zip)	(Alternate Pho	ne Number)
You will be required to provide y	our social security n	umber and Dri	vers License if offered	d a position.
Do you have the legal right to work in the United State?YesNo				No

How were you referred to the C.R.W.A.?				
Is any member of your family currently or previously employed at C.R.W.A.?Yes				
Have you ever applied for a job with the C.R.W.A.?	Yes	Nc		
If yes, when?				
Have you ever worked at the C.R.W.A. before?	Yes	No		
If yes, when?				
Position for which you are applying (be specific)				
You may request a position description for an <u>open</u> position by calling (575) 74 at R-260 N. Rural 13 <sup>th</sup> St., or on our website <a href="https://crwc.myruralwater.com">https://crwc.myruralwater.com</a> Salary Expected	46-9597 or visit the	C.R.W.A		
Are you at least 18 years of age?YesNo				
Do you have a valid driver's license?YesNo				
In what state or states do you possess a valid and current driver's license?				
In what state or states have you previously possessed a driver's license?				
Can you perform the essential functions of the job for which you are applying reasonable accommodation)?YesNo	(with or without			
(The essential functions of a position are included on the position description	).			
If you are selected for employment, on what date can you start work?				
List any training or special skills you have that are relevant to the position you	are applying for			

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. (Exclude those that may disclose your race, color, religion, sex, national origin, age, disability, veteran status, or union affiliations).

PERSONAL REFERENCES (No	ot Former Employers or Rela	tives)			
Name and Occupation	s	Phone Number			
Are you available to work 7	a.m. to 4 p.m. Monday to Fri	iday?	Yes		No
Depending on the position stated above.	you are applying for, you ma	y be required to wo	rk different h	nours tha	n those
Would you have a problem with working a different schedule?Yes				No	
Will you work overtime if asked?Yes			No		
Are you willing to work after	r-hours call-out duty and/or c	on-call assignments?	'Yes		No
EDUCATION (You r	may be asked to provide a tra	anscript detailing yo	our academic	career).	
School Name	Address (City & State)	Number of Yea	rs Attended	Degree	Major
High School.					
College.					
Other.					
Courses now studying.					
PROFESSIONAL AND MANA	GERIAL APPLICANTS ONLY				
List special training or notev	worthy achievements.				

# CLERICAL AND SECRETARIAL APPLICANTS ONLY

Word ProcessorSwitchboardData Process Entry			
Handling Consumer ConcernsProofreadingTypingWPM			
Calculating MachineAccounts Receivable, Payable, or Payroll			
Personal ComputerLoad Management Systems			
TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY			
Place a check mark for experience.			
Warehousing Computer Inventory Methods Lay Out Work Orders Prepare Work Orders Basic Plumbing (Potable Water) Tree Trimming Brush Clearing Clearing Machinery Material Control Perpetual Inventory Operate Backhoe Operate Trencher Operate Front Loader Meter Reading Customer Relations Temporary Office Duties (Answer Phone, Collect Payments)			

## **EMPLOYMENT RECORD (Most recent employer first)**

Starting Date		Job Title & Brief Description of	Salary Starting	
& Ending Date	Name & Address of Employer	Duties	& Ending	Exact Reason for Leaving
Start:			Start:	
Ending:			Ending:	
	Phone #:	Supervisor:		May we contact them?
Start:			Start:	
Ending:			Ending:	
	Phone #:	Supervisor:		May we contact them?
	Thome m.	Supervisor:		tileiii
Start:			Start:	
Ending:			Ending:	
	Phone #:	Supervisor:		May we contact them?
Start:			Start:	
Ending:			Ending:	
	Phone #:	Supervisor:		May we contact them?
Start:			Start:	
Ending:	Phone #:	Supervisor:	Ending:	May we contact them?
			l	

Attach additional sheets if necessary. Please attach resume to application

### **IMPORTANT !!! READ THIS:**

#### **CERTIFICATION**

(revised) 5/7/24/KW

I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE C.R.W.A., INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUME, MEDICAL INFORMATION, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING EMPLOYMENT WILL RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE C.R.W.A. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE C.R.W.A., OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSON IS AUTHORIZED TO MAKE ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OR THE GENERAL MANAGER OF THE C.R.W.A. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION. SUCH EXAMINATION MAY INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL AND/OR ILLEGAL CONTROLLED SUBSTANCES.

Signature of Applicant:	
Date:	
FOR EMPLOYER'S USE ONLY	
Interviewed By:	
Date:	
Comments:	
Form (established) 3/15/10/RCR	<del></del>