



APPLICATION FOR EMPLOYMENT

Conway Corporation is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin, otherwise qualified individuals with a physical or mental impairment that limits a major life activity, and other categories protected by law, are not factors considered in employment, promotion, compensation or working conditions.

Applicant Information

Name: _____ Date _____
Last First Middle

Address: _____

City/State: _____ Zip Code: _____

Home Telephone: (_____) _____ Work #: (_____) _____

Cell Phone #: (_____) _____ Email Address: _____

Yes No Do you have a valid driver's license?

Yes No Are you over 17 years of age?

Yes No If hired, will you be able to prove your right to work legally in the U.S.?

Yes No Have you ever worked for Conway Corporation before? If yes, when? _____

Yes No Do you have any relatives working for Conway Corporation? If yes, state name and relationship:

Yes No Have you ever been convicted of a felony (excluding any sealed or expunged convictions)?

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) If yes, explain: _____

General Information About Employment Desired

Position you are applying for? _____

If hired, on what date could you start work? _____ Hourly rate of pay desired: \$ _____

Are you available for work on weekends? _____ Are you available to work holidays? _____

Are you available to be on-call? _____ Are you available to work overtime? _____

Are you available to work evenings and nights? _____

How did you hear about this opening? (Please be specific) _____

State briefly why you would like to work for Conway Corporation: _____

Education and Training (Include on-the-job training):

(Please complete pages 2 and 3 – **DO NOT** write or type “SEE RESUME”)

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College (1 2 3 4 5 6)

<u>School/Location/Sponsor</u>	<u>Course of Study</u>	<u>Dates Attended</u>
High School		
Community College		
Trade School		
College/University		
Seminars/Other		

Special Skills

Do you speak, write or understand any foreign languages? _____

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills and background (typing, welding, data processing, mechanic, engineering, etc.), which you feel make you especially suited for work at Conway Corporation? If so, explain in detail below:

Professional Society Memberships: _____

Licenses (list states): _____

<u>Computer skills</u>	<u>Dates Used</u>	<u>Level of proficiency</u>
Hardware:		
Software:		

OTHER INFORMATION

Use this space to list any other information you feel would be helpful to us as we consider you for the job opening for which you are applying.

Employment History:

Yes No Are you currently employed? If yes, name company: _____
Yes No May we contact your current employer?
Yes No Are you on "lay-off" status and subject to recall by a previous employer? If yes, explain: _____

List all previous employers, starting with your present or most recent position, (last 10 years is sufficient) below. Also include military service.

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: () _____
Position and Duties: _____
Dates of Employment: _____
Starting Rate of Pay: _____ Ending rate of pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: () _____
Position and Duties: _____
Dates of Employment: _____
Starting Rate of Pay: _____ Ending rate of pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: () _____
Position and Duties: _____
Dates of Employment: _____
Starting Rate of Pay: _____ Ending rate of pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Street City State Zip Code
Telephone Number: () _____
Position and Duties: _____
Dates of Employment: _____
Starting Rate of Pay: _____ Ending rate of pay: _____
Reason for Leaving: _____

Personal References

List three persons *not* related to you and are *not* former supervisors, who you have known for a year:

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____

CONWAY CORPORATION

DRUG AND ALCOHOL ABUSE POLICY

The Conway Corporation has traditionally provided a safe, healthy work environment for its employees. Since we provide necessary utility services to the citizens of Conway, our employees must be able to exercise good judgment, react properly in unexpected and emergency conditions and perform their job duties safely and efficiently.

As part of our continuing effort to provide for the safety and health of our employees, an offer of employment to a job applicant is contingent upon his/her successful passing of a drug screening conducted by our designated medical examiner. We also reserve the right to test for alcohol, if necessary.

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Conway Corporation to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Conway Corporation, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen, a pre-employment physical and criminal background check. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I authorize release of the examination's results to the proper authorities of Conway Corporation. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

_____ If hired, I also agree to submit to random alcohol or drug testing as a condition of employment. I agree that Conway Corporation may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I authorize release of the examination's results to the proper authorities of Conway Corporation. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

_____ I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and Conway Corporation. In addition, I understand and agree that if I am employed, my employment relationship with Conway Corporation is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Conway Corporation, and that no promises or representations contrary to the foregoing are binding on Conway Corporation unless made in writing and signed jointly by the CEO and myself.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Arkansas driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Conway Corporation's auto insurance, if required for my position.

_____ I understand and agree that, if I am employed, I am required to abide by all rules and regulations of the Conway Corporation.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date



Job Applicant Affirmative Action Record

The Conway Corporation is an Equal Opportunity Employer, and we consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, otherwise qualified individuals with a physical or mental impairment that limits a major life activity, or any other legally protected status.

The purpose of this information is to permit the Conway Corporation to comply with government record keeping and reporting requirements, including affirmative action responsibilities, where applicable.

The information you provide here is completely separate and apart from information you will provide on the regular employment application form. It is retained in a confidential file and is not available to any hiring official at the Conway Corporation who may interview you for a job. No employment decision will be affected by your completion of this form.

You are not required to provide this information. Your application for employment will be considered in the same manner whether or not you fill out this form.

SECTION 1

DATE: _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SECTION 2

CHECK ONE Male Female

CHECK ONE

White Black / African American American Indian/Alaskan Native

Hispanic / Latino Asian Native Hawaii/Pacific Islander

Two or more races Other _____
(please specify)

CHECK ALL

THAT APPLY Veteran Vietnam Era Veteran Disabled Person

BIRTHDATE: _____