

## Diversity Outreach Survey

The purpose of this survey is to assist Central Arkansas Water in determining if we are adequately advertising job openings. This information is being collected and reviewed by our diversity team. Completing this form is voluntary and your answers will not be viewed by the hiring staff.

**Please do not write your name on this survey form.**

Job Title

1. How did you hear about this job opening?

- Arkansas Democrat/Gazette Newspaper
- Central Arkansas Water - Website
- Central Arkansas Water - Job Line
- Department of Workforce Education
- Social Networks - Please Name \_\_\_\_\_
- Other - Please Name \_\_\_\_\_

2. Please place a mark by the answer that best describes your race or ethnic group.  
(Per U.S. Census Classifications)

- Asian
- American Indian or Alaska Native
- Black, African American
- Hispanic, Latino or Spanish
- White
- Other - Please Name \_\_\_\_\_

3. What is your gender? \_\_\_\_\_ Male \_\_\_\_\_ Female

**Thank you for completing this survey.**

Check here and return if you do not wish to participate in this survey.

**This survey is NOT a part of your official application for employment. It will not be used for interview purposes or in any hiring decision. The information will be filed separately from your application for employment.**



# APPLICATION FOR EMPLOYMENT CENTRAL ARKANSAS WATER

An incomplete or illegible application may jeopardize your opportunity for employment. Because eligibility to compete for positions is based on a review of your application and since only information provided will be evaluated, be certain that you complete all items as fully and accurately as possible.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MIDDLE

STREET ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES OR ARE YOU LAWFULLY ELIGIBLE TO BECOME EMPLOYED IN THE U.S.?

YES  NO (Proof of U.S. citizenship or immigration status will be required if employed)

POSITION YOU ARE APPLYING FOR \_\_\_\_\_

TYPE OF EMPLOYMENT DESIRED:  FULL-TIME  TEMPORARY  SUMMER  PART TIME

DATE AVAILABLE \_\_\_\_\_

WHERE DID YOU HEAR ABOUT THIS OPENING?  NEWSPAPER  JOB LINE  EMPLOYEE REFERRAL  OTHER \_\_\_\_\_

**\*\*\*LIST PREVIOUS EMPLOYMENT, BEGINNING WITH THE LAST\*\*\***

FROM DATE (Mo/ Yr)	TO DATE (Mo/ Yr)	NAME AND LOCATION OF EMPLOYER	SUPERVISOR	YOUR JOB	REASON FOR LEAVING	FULL OR PART TIME

TYPE SCHOOL	NAME & ADDRESS	GRADUATED?	PRIMARY COURSES OF STUDY	
HIGH SCHOOL	XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX	
BUSINESS OR TRADE SCHOOL				
COLLEGE			Major:	Degree:
			Minor:	
GRADUATE SCHOOL			Degree:	
CORRESPONDENCE COURSES OR SPECIAL TRAINING				

Excluding those which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status, list any professional, trade, business or civic organizations with which you are associated:

\_\_\_\_\_

\_\_\_\_\_

List professional, business or trade licenses held, awards or special recognitions received:

\_\_\_\_\_

\_\_\_\_\_

LIST THREE WORK-RELATED REFERENCES:

NAME	OCCUPATION	EMPLOYER	PHONE #	ASSOCIATION <small>(Peer vs. supervisor)</small>

Have you previously been interviewed for a position with Central Arkansas Water? If yes, provide positions and dates:

\_\_\_\_\_  
Have you ever been employed by Central Arkansas Water? If yes, provide position, dates, and reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

\* Do you understand the physical and mental requirements of the job for which you are applying?  Yes  No

\* Are you able to fully and completely perform all functions, duties and responsibilities of the job for which you are applying with or without an accommodation?

Yes  No If no, please provide an explanation: \_\_\_\_\_  
\_\_\_\_\_

**\* The Americans With Disabilities Act of 1990 prohibits discrimination against a qualified individual with a disability.**

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Central Arkansas Water embraces a diverse and inclusive environment. As an Equal Opportunity Employer, all applicants who meet the stated qualifications will be considered for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age or veteran status. CAW is also committed to compliance with all fair employment practices.  
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• I, \_\_\_\_\_, understand and voluntarily agree that Central Arkansas Water (or an investigative bureau of your choice) may check any references or other information provided on this application form by me. Further, I hereby give consent to any and all current and prior employers of mine, or educational institutions I have attended, to provide information to Central Arkansas Water with regard to my employment with current or prior employers or my educational background. I understand and accept that your employment decision may be based upon information furnished by me or obtained through the verification process. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I authorize you to make copies of documents related to my employment, which shall have the same effect as the originals.

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

- I understand and agree that if I am offered and accept a position with the Central Arkansas Water, that the position is not for a specific period of time, and I agree that I will be an employee at will and this arrangement can be terminated at any time by myself or Central Arkansas Water, with or without notice.
- If employed by Central Arkansas Water, I agree to abide by its rules and regulations.
- I understand and agree to examinations and testing, including a pre-employment physical, criminal background check, and drug screening, considered necessary by Central Arkansas Water at any time, at the option of the Utility and at no personal expense to me. I authorize the examining physician or organization to disclose to Central Arkansas Water or its representatives the results of such examinations, tests, or background information. I understand Central Arkansas Water will limit such information only to those individuals who have a need to be informed of such.
- I understand that, unless I am notified by Central Arkansas Water otherwise, this application will be considered only for the position I designated on this application form. I understand that in order to be considered for other available positions with Central Arkansas Water, I will need to complete a separate application for each position.

**I hereby affirm that my answers to the foregoing questions are true and correct, and I understand that misrepresentation or omission of facts called for in this application may be cause for disqualification for consideration of the position, or if employed by Central Arkansas Water, immediate dismissal without notice.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**EQUAL OPPORTUNITY EMPLOYER**

221 East Capitol Avenue \* PHONE (501) 377-1251 \* LITTLE ROCK, AR 72202

**EMPLOYMENT REFERENCE CONSENT AND RELEASE**

APPLICANT NAME: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW WITH REGARD TO MY EMPLOYMENT WITH THE PRIOR OR CURRENT EMPLOYERS TO CENTRAL ARKANSAS WATER.

This consent is valid for a period of six (6) months from the date indicated below. A copy of this form shall serve as an original.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**STOP HERE**

**Instructions to Current/Former Employer**

The individual named above has applied for employment with Central Arkansas Water. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

PLEASE RETURN THE INFORMATION TO:

**Human Resources Director  
Central Arkansas Water  
P. O. Box 1789  
Little Rock, AR 72203                      Fax- 501- 377-7051**

Date and duration of employment: \_\_\_\_\_

Current or last rate of pay and wage history: \_\_\_\_\_

Current or last job description and duties: \_\_\_\_\_

The details of the applicant's last written performance evaluation prepared prior to the date the applicant signed this consent (See date above): \_\_\_\_\_

Attendance history: (Excluding any qualifying leave under FMLA) \_\_\_\_\_

Results of drug and/or alcohol tests administered within the last year: \_\_\_\_\_

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee: \_\_\_\_\_

Was his/her separation from employment \_\_\_\_\_ voluntary \_\_\_\_\_ involuntary?

                    

What was the reason for the applicant's separation from employment?  
\_\_\_\_\_

Is the applicant eligible for rehire?  Yes      No                      Is this a blanket company policy?      Yes      No

                                                                

\_\_\_\_\_  
Printed Name and Title of Employer Representative Providing Information                      Date

\_\_\_\_\_  
Signature                      Phone Number