



***Southeast White Co. Public Water
Authority***

P.O. Box 186 : 207 Baker Street, Higginson, AR 72068
Phone: (501) 742-3611 Fax: (501) 742-9031

**SOUTHEAST WHITE CO. WATER
DRUG FREE-WORKPLACE**

ALL JOB APPLICATIONS (POST-OFF, PRE-PLACEMENT) AT
SOUTHEAST WHITE CO. WATER WILL UNDERGO TESTING FOR
SUBSTANCE ABUSE AS A CONDITION OF EMPLOYMENT.
ANY APPLICANT WITH A CONFIRMED AND VERIFIED POSITIVE
TEST RESULT WILL BE DENIED EMPLOYMENT.

PRE-EMPLOYMENT TESTING

- Once an offer of employment has been made and accepted, applicants will be required to submit to a urinalysis test at a laboratory chosen by SOUTHEAST WHITE CO. WATER, and by signing a consent agreement will release SOUTHEAST WHITE CO. WATER from liability.
- If a physician, official, or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the job applicant will not be considered for employment.
- SOUTHEAST WHITE CO. WATER will not discriminate against applicants for employment because of a history of drug or alcohol abuse. It is the current illegal use of drugs and/or alcohol, preventing employee from properly performing their jobs properly, that SOUTHEAST WHITE CO. WATER will not tolerate.
- No employee may perform a job function unless the employee has received a controlled substance test result from a Medical Review Officer indicating a verified negative test result.



PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING
CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other test as may be determined by SOUTHEAST WHITE CO. WATER in the selection process of applicants for employment, for the purpose of detecting the drug content thereof.

I agree the clinic chosen by SOUTHEAST WHITE CO. WATER may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said test to SOUTHEAST WHITE CO. WATER. I understand that it is the current illegal use of controlled substances (drugs) and/or abuse of alcohol that prohibits me from being employed at SOUTHEAST WHITE CO. WATER.

I further agree to hold SOUTHEAST WHITE CO. WATER and its agents (including clinics or physicians) from any liability arising in whole or part of the collection of specimens, testing and use of the information from said testing in connection with the company's consideration of my employment application.

I further agree that a reproduced copy of the pre-employment consent and release form may have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name (print)

Applicant Signature

Date

Witness Name (print)

Witness Signature

Date



SOUTHEAST WATER

Employment Application

APPLICANT INFORMATION

Last Name				First				M.I.	Date	
Street Address								Apartment/Unit #		
City				State				ZIP		
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

EDUCATION

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES

Please list three professional references.

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date