



# EMPLOYMENT APPLICATION

## 1. Employer Information

Water Wizards Irrigation, LLC  
210 Daly Rd  
Coventry Connecticut 06238  
Phone: (860) 871-1614  
Web: www.waterwizardsllc.com

*It is the policy of Water Wizards irrigation, LLC to provide equal employment opportunities to all applicants and employees without regard to any legal protected status such as race, color, religion, gender, national origin age, disability or veteran status.*

## 2. Applicant Information

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Number of year at address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

## 3. Emergency Contact

Whom should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## 4. Job Position Applied For (circle all that apply)

Irrigation Technician, Installer, General Labor, Foreman

## 5. Who referred you to our company?

Name: \_\_\_\_\_  
Do you have friends or relatives who work here? (Name): \_\_\_\_\_

## 6. Have you applied to our company previously? (circle one)

Yes No

If yes, when?: \_\_\_\_\_

## 7. Are you at least 18 years old? (circle one)

Yes No

8. How will you get to work?: \_\_\_\_\_

9. Are you willing to work any shift, including nights weekends?:      Yes      No

If no, please state any limitations: \_\_\_\_\_

10. If applicable, are you able to work overtime? (circle one)      Yes      No

11. If offered employment, when are you available? \_\_\_\_\_

12. If hired, are you able to submit proof that you are legally eligible for employment in the United States? (circle one)      Yes      No

13. Have you ever been convicted of a felony? (circle one)      Yes      No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

*The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.*

**14. Employment History:**

Employer Name:		
Supervisor Name:		
Address:		
City:	State:	Zip:
Job Duties:		
Reason for Leaving:		
Dates of Employment(Month/Year):		

Employer Name:		
Supervisor Name:		
Address:		
City:	State:	Zip:
Job Duties:		
Reason for Leaving:		
Dates of Employment(Month/Year):		

Employer Name:		
Supervisor Name:		
Address:		
City:	State:	Zip:
Job Duties:		
Reason for Leaving:		
Dates of Employment(Month/Year):		

**15. References:**

Please list any three non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**16. Please Provide any other information that you believe should be considered:**

(example: Professional licenses or certifications, honors, special achievements)

\_\_\_\_\_

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Water Wizards Irrigation, LLC to contact former employers and regarding my employment. I authorize my former employers to fully and freely communicate information regarding my previous Employment and attendance. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Water Wizards Irrigation, LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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

\_\_\_\_\_  
Date