



**NOTICE OF JOB OPENING**  
**WATER DISTRIBUTION SPECIALIST I**

**Closing Date: Indefinite or Until All Positions are Filled**  
**Classification: Grade 3 Non-Exempt (\$16.63 per hour-entry)**

**Summary of Job Duties and Responsibilities:** receives training in work methods and procedures; performs manual and semi-skilled construction and maintenance work under close supervision; operates construction and maintenance equipment; performs clean-up work; notifies customers when water is being shut off for repair work; subject to calls; may act as temporary relief for other Distribution Department positions; and performs other essential duties as assigned.

**Knowledge, Skills, and Abilities:**

- Knowledge of basic handtools including wrenches, sockets, pick, and shovel.
- Knowledge of general vehicle maintenance in order to check fluids, belts, etc. and to ensure safe vehicle operation.
- Ability to complete reports.
- Ability to lift a minimum of 80 lbs.
- Ability to use basic handtools including wrenches, sockets, pick, and shovel.
- Ability to work from verbal, written, diagrammed, and radioed instructions.
- Ability to learn and use related construction safety practices and equipment.
- Ability to learn to drive standard transmission vehicle.
- Ability to perform manual labor in all weather conditions.
- Ability to work in confined spaces.

**Special Qualifications:**

- Must be 18 years old or older.
- Must have a valid Arkansas Drivers License.
- Must have a good driving record.
- Must maintain a personal telephone due to subject to call out.
- Must live within a 26 mile radius of I-630 and John Barrow.
- Must be available to respond to call out nights, weekends, and holidays.
- Must possess good interpersonal skills to effectively communicate with customers and/or use two-way radio.

**Desirable Qualifications:**

Knowledge of backhoe, tractor, air compressor, and jackhammer operations.

**Working Conditions:**

Individual works outside in all types of weather and may be exposed to extreme heat, rain, snow, sun, etc. approximately 100% of the time. Must perform heavy lifting as ongoing requirement of job. Exposed to dirt, mud, water, etc. on a continuous basis. May be exposed to insects, snakes, dogs, poison ivy, and other potentially hazardous plants and animals.

**This is a Safety Sensitive position required to operate a utility vehicle.**

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All interested employees of Central Arkansas Water are encouraged to apply and should request and complete a Request for Transfer/Promotion Form, available from Human Resources, in order to be considered for this position.

Interested outside candidates may apply **during the hours of 7:30 a.m. to 4:30 p.m. in the Human Resources Office of Central Arkansas Water at 221 East Capitol, Little Rock.** Application packet is also available at [www.carkw.com](http://www.carkw.com). **All forms must be completed and returned to Human Resources immediately** in order to be considered for the position.

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Central Arkansas Water will require a pre-employment physical & drug testing for all prospective employees after an offer of employment has been made. **All offers will be contingent on the prospective employee receiving a "passing result" on the tests conducted. A criminal background check will be conducted.**

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Central Arkansas Water is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate in its employment practices, or any other activities, on the basis of race, color, religion, sex, national origin, age, disability or veteran's status.

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**Job related written and/or skills evaluation will be conducted.**  
**Job Line: 501-377-1335**

[www.carkw.com](http://www.carkw.com)

**We welcome and support diversity and inclusion in our workplace.**

## 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

Water Distribution Specialist 1

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
- EL Latino Newspaper
- Little Rock Job Corps
- NLR Chamber of Commerce
- 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 \_\_\_\_\_ SALARY REQUIREMENTS \$ \_\_\_\_\_

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	FINAL SALARY	FULL OR PART TIME

TYPE SCHOOL	NAME & ADDRESS	GRADUATED?	PRIMARY COURSES OF STUDY	
HIGH SCHOOL	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
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>

Do you have any relatives (either by blood or marriage) who are currently employed by Central Arkansas Water?  
\_\_\_ Yes \_\_\_ No

If yes, please state employee's name and your relation to them:

\_\_\_\_\_

\_\_\_\_\_

Have you previously been interviewed for a position with Central Arkansas Water, Little Rock Municipal Waterworks, or North Little Rock Water Department? If yes, provide positions and dates:

\_\_\_\_\_

Have you ever been employed by Central Arkansas Water, Little Rock Municipal Waterworks, or North Little Rock Water Department? 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 particular job for which you are applying?

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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**NOTE: Central Arkansas Water is an Equal Opportunity Employer and does not discriminate in its employment practices, or any other activities, on the basis of race, color, religion, sex, national origin, age, disability or veteran's status.**  
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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) 377-1238 or 377-1251 \* LITTLE ROCK, AR 72203

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_

**SUPPLEMENTARY INFORMATION REQUEST**

Describe, in detail, your present position responsibilities. Include day to day work activities, machinery operated, if any, etc.  
(Continue on Page 2, if necessary)

Date Employed: \_\_\_\_\_ Company: \_\_\_\_\_  
(Mo/Yr)

Job Title: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provide the information requested below concerning the three positions held prior to your current position. If you have held other positions which are directly related to the position applied for, please continue on the back. When outlining previous job responsibilities, be sure to explain all duties and responsibilities that are directly related to the requirements listed on the job posting for which you are applying.

**1. Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_ Company: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

Job Title: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2. Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_ Company: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

Job Title: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_ Company: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

Job Title: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





**WATER DISTRIBUTION SPECIALIST I QUESTIONNAIRE**

Name: \_\_\_\_\_

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

(JD07/10/17)

**DIRECTIONS: PLEASE ANSWER EACH QUESTION. DO NOT WRITE "SEE RESUME" OR "SEE REFERENCE LETTER" ON THE ANSWER LINES. IF YOU NEED ADDITIONAL SPACE, PLEASE WRITE ON THE BACK OR ATTACH ANOTHER SHEET. FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN YOU NOT BEING INTERVIEWED.**

ARE YOU **18 YEARS OLD OR OLDER?** \_\_\_ YES \_\_\_ NO

DO YOU HAVE A **PERSONAL TELEPHONE?** \_\_\_ YES \_\_\_ NO  
 IF NO, WILL YOU **ACQUIRE & MAINTAIN** ONE IF OFFERED THIS POSITION? \_\_\_ YES \_\_\_ NO

DO YOU HAVE A **VALID ARKANSAS DRIVERS LICENSE?** \_\_\_ YES \_\_\_ NO  
 DO YOU HAVE A **GOOD DRIVING RECORD?** (SEE ATTACHED SHEET) \_\_\_ YES \_\_\_ NO

DO YOU LIVE WITHIN **THE 26-MILE RADIUS OF I-630 and JOHN BARROW ROAD** IN LITTLE ROCK?  
 (SEE ATTACHED MAP) \_\_\_ YES \_\_\_ NO  
 IF NO, WILL YOU **MOVE** WITHIN THE RADIUS IF OFFERED THIS POSITION? \_\_\_ YES \_\_\_ NO

ARE YOU ABLE TO FULFILL THE STANDBY REQUIREMENTS OF THIS POSITION, INCLUDING **CALL OUT RESPONSE DURING NIGHTS, WEEKENDS, & HOLIDAYS?** \_\_\_ YES \_\_\_ NO

**CAN YOU OPERATE?**

- |   |                |                           |
|---|----------------|---------------------------|
| HANDTOOLS-INCLUDING SHOVELS, WRENCHES, ETC. | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| JACKHAMMER                                  | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| SAWS  | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| CONCRETE SAW                                | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| CONCRETE MIXER                              | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| AIR COMPRESSOR                              | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| BORING & TUNNELING EQUIPMENT                | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| DRILL                                       | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| ASPHALT PACKER & ROLLING MACHINE            | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| SOD CUTTER                                  | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| PIPE CUTTER                                 | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| TWO-WAY RADIO                               | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| DUMP TRUCK                                  | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| BACKHOE                                     | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |
| TAPPING MACHINE                             | ___ YES ___ NO | _____ YEARS OF EXPERIENCE |

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

**THIS IS A SAFETY SENSITIVE POSITION REQUIRED TO OPERATE A UTILITY VEHICLE. PLEASE INITIAL.** \_\_\_\_\_

DO YOU HAVE THE **ABILITY TO?**

- |   |                |
|---|----------------|
| COMPLETE REPORTS  | ___ YES ___ NO |
| LIFT A MINIMUM OF 80 POUNDS                                   | ___ YES ___ NO |
| USE BASIC HANDTOOLS INCLUDING WRENCHES, PICKS, & SHOVEL       | ___ YES ___ NO |
| WORK FROM VERBAL, WRITTEN, DIAGRAMMED & RADIOED INSTRUCTIONS  | ___ YES ___ NO |
| LEARN & USE RELATED CONSTRUCTION SAFETY PRACTICES & EQUIPMENT | ___ YES ___ NO |
| LEARN TO DRIVE STANDARD TRANSMISSION VEHICLE                  | ___ YES ___ NO |
| PERFORM MANUAL LABOR OUTDOORS IN ALL WEATHER CONDITIONS       | ___ YES ___ NO |
| WORK IN CONFINED SPACES                                       | ___ YES ___ NO |

HAVE YOU HAD A JOB THAT REQUIRED YOU TO RESPOND TO CALL OUT **NIGHTS, WEEKENDS, AND HOLIDAYS?** \_\_\_ YES \_\_\_ NO **HOW LONG?** \_\_\_\_\_ **WHERE?** \_\_\_\_\_  
**EXPLAIN:** \_\_\_\_\_

DO YOU POSSESS **GOOD INTERPERSONAL SKILLS** TO EFFECTIVELY COMMUNICATE WITH CUSTOMERS AND/OR USE TWO-WAY RADIO? \_\_\_ YES \_\_\_ NO  
**EXPERIENCE:** \_\_\_\_\_

WHAT AMOUNT OF **WATER SERVICE (INDUSTRY) WORK EXPERIENCE** DO YOU HAVE?  
\_\_\_\_ YEARS \_\_\_\_ MONTHS **WHERE?** \_\_\_\_\_  
**DESCRIBE EXPERIENCE:** \_\_\_\_\_



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

DO YOU HAVE WORK EXPERIENCE **NOTIFYING CUSTOMERS WHEN A SERVICE IS INTERRUPTED?**

\_\_\_ YES \_\_\_ NO **WHERE?** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**EXPLAIN, IN DETAIL, YOUR EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU PERFORMED THE FOLLOWING MANUAL AND SEMI-SKILLED CONSTRUCTION MAINTENANCE ACTIVITIES?**

Performed Preventive Maintenance Checks	___ YES ___ NO
Obtained Correct Tools and Fittings as Instructed	___ YES ___ NO
Received Work Instructions Verbally, Written and/or by Radio	___ YES ___ NO
Dug Ditches using a Pick and Shovel	___ YES ___ NO
Assisted in Laying and Tapping Mains and Connecting Lines	___ YES ___ NO
Set Fire Hydrants and Valve Boxes	___ YES ___ NO
Installed Fire Hydrants, Valve Boxes, Services and Related Work	___ YES ___ NO
Assisted in Repairing Fire Hydrants, Mains and Services	___ YES ___ NO
Replaced New Services and Located Valves	___ YES ___ NO
Packed Turn On and Off Valves	___ YES ___ NO
Set up Traffic Control Devices	___ YES ___ NO
Acted as Flagman	___ YES ___ NO
Served as Spotter for Other Workers	___ YES ___ NO
Performed Safety Procedures	___ YES ___ NO
Performed Routine Work Independently	___ YES ___ NO

DO YOU HAVE KNOWLEDGE OR EXPERIENCE IN THE USE OF THE FOLLOWING BASIC HAND TOOLS?

WRENCHES	___ YES ___ NO	IF YES, HOW MANY <b>YEARS OF EXPERIENCE?</b> _____
SOCKETS	___ YES ___ NO	IF YES, HOW MANY <b>YEARS OF EXPERIENCE?</b> _____
PICK	___ YES ___ NO	IF YES, HOW MANY <b>YEARS OF EXPERIENCE?</b> _____
SHOVEL	___ YES ___ NO	IF YES, HOW MANY <b>YEARS OF EXPERIENCE?</b> _____

WHAT HAVE YOU **USED WRENCHES** TO DO? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME THE **DIFFERENT TYPES OF WRENCHES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT HAVE YOU **USED SOCKETS** TO DO? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME THE **DIFFERENT TYPES OF SOCKETS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

WHAT HAVE YOU USED **SHOVELS** TO DO? \_\_\_\_\_

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NAME THE **DIFFERENT TYPES OF SHOVELS**: \_\_\_\_\_

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WHAT HAVE YOU USED A **PICK** TO DO? \_\_\_\_\_

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DO YOU HAVE **KNOWLEDGE** OF OR **WORK EXPERIENCE** IN **GENERAL VEHICLE MAINTENANCE**?

\_\_\_ YES \_\_\_ NO **WHERE?** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

EXPLAIN, IN DETAIL, THE **GENERAL DAILY MAINTENANCE REQUIRED** TO ENSURE SAFE VEHICLE OPERATION. \_\_\_\_\_

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DO YOU HAVE **EXPERIENCE PERFORMING LANDSCAPING CLEAN-UP WORK**? \_\_\_ YES \_\_\_ NO

**WHERE?** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**EXPLAIN:** \_\_\_\_\_

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DO YOU HAVE **WORK EXPERIENCE COMPLETING REPORTS**? \_\_\_ YES \_\_\_ NO **HOW LONG?** \_\_\_\_\_

**WHERE?** \_\_\_\_\_ **WHAT TYPE OF REPORTS** HAVE YOU HAD

TO COMPLETE? **EXPLAIN:** \_\_\_\_\_

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DO YOU HAVE **KNOWLEDGE** OF OR **WORK EXPERIENCE** WITH **BACKHOE** OPERATIONS? \_\_\_ YES \_\_\_ NO

IF YES, **HOW LONG?** \_\_\_\_\_ YEARS **WHAT HAVE YOU USED THE BACKHOE** TO DO? \_\_\_\_\_

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

DO YOU HAVE KNOWLEDGE OF OR EXPERIENCE WITH A **JACKHAMMER**? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, **HOW LONG?** \_\_\_\_\_ YEARS    WHAT HAVE YOU **USED THE JACKHAMMER TO DO?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE KNOWLEDGE OF OR EXPERIENCE WITH A **TRACTOR**? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, **HOW LONG?** \_\_\_\_\_ YEARS    WHAT HAVE YOU **USED THE TRACTOR TO DO?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE KNOWLEDGE OF OR EXPERIENCE WITH **AIR COMPRESSORS** EQUIPMENT? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, **HOW LONG?** \_\_\_\_\_ YEARS    WHAT TYPE OF JOBS HAVE YOU **USED AIR COMPRESSORS**  
EQUIPMENT TO DO? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to fully and completely perform all functions, duties, and responsibilities of the Water Distribution Specialist I position for which you are applying? \_\_\_\_ Yes \_\_\_\_ No    If no, please provide an explanation: (**do not include medical information**) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 \_\_\_\_\_



TRAFFIC VIOLATION QUESTIONNAIRE AND RELEASE
CENTRAL ARKANSAS WATER

List all moving traffic violations you have been charged with in the past three (3) years:

None See Below

Horizontal lines for listing traffic violations.

\*\*\*\*\*

- \* I understand that the position I am applying for requires the successful applicant to drive a Utility owned vehicle as a normal part of the job requirements.
\* I understand that Central Arkansas Water will investigate the driving record of all applicant finalists and that information received regarding such will be considered in the selection of the successful applicant.
\* I understand that it is the policy of Central Arkansas Water to require all employees with such responsibilities to maintain a valid driver's license appropriate to the type of vehicle to be driven and to maintain a good driving record free of multiple minor offenses and any major driving offenses.
\* I understand that employees of Central Arkansas Water are subject to on-going investigations of their driving records at the discretion of the Utility and/or the Utility's insurance carrier.
\* I understand that if an employee required to drive a Utility vehicle as a normal part of his/her job has his/her driver's license restricted, suspended or revoked and he/she is no longer legally able to drive, the employee may be subject to reduction in job status and pay grade or may be terminated for failing to meet the minimum job requirements.

\*\*\*\*\*

I hereby affirm that my answers to the foregoing questions regarding my traffic violation history and the Traffic Violation Release Form below are true and correct. I also affirm that I have read and understand the conditions and requirements regarding positions with the Central Arkansas Water that require driving a Utility vehicle. I further understand that misrepresentation or omission of facts called for on this questionnaire may be cause for disqualification from consideration for the position applied for or, if employed by Central Arkansas Water, immediate dismissal without notice.

Signature of Applicant Date

(CAWTRAFFIC 7/01)

TRAFFIC VIOLATION RELEASE FORM
CENTRAL ARKANSAS WATER

I, \_\_\_\_\_, do hereby authorize any state's Office of Driver Services to release my traffic violation record to Central Arkansas Water. This release shall remain in full force and effect until written notice of withdrawal is filed by me.

Arkansas Driver's License # \_\_\_\_\_

Have you had a driver's license in any other state within the past 3 years? Yes No

If Yes, list all states and license numbers you have had in the past 3 years below:

Driver's License # State

Driver's License # State

Signature Date



**AUTHORIZATION  
FOR  
PRE-EMPLOYMENT DRUG TESTING  
AND  
PRE-EMPLOYMENT PHYSICAL**

I understand that Central Arkansas Water requires drug testing for all prospective employees after an offer of employment has been made.

I understand that such test must be submitted to within 24 hours of the employment offer or the offer will be withdrawn.

I understand that all offers will be contingent on receipt of a "negative" on the drug test(s) conducted. If the testing produces a positive result, the offer of employment will be null and void and I will not be employed by the Utility at that time. I would then be prohibited from reapplying for any position with the Utility for at least six months and until providing proof of successful completion of a drug rehabilitation program, as well as the assurance that drug abuse is no longer occurring.

I understand that Central Arkansas Water will require a job-related, pre-employment physical for certain positions after an offer of employment has been made.

I understand that the physical must be completed as required or the offer will be withdrawn.

I understand that all offers will be contingent on my receiving a positive assessment of my ability to perform the physical requirements of the job. If a positive assessment is not received, the offer of employment will be null and void and I will not be employed by the Utility at that time.

I understand that refusal to sign the consent form authorizing drug testing and a pre-employment physical will result in my application being withdrawn from the pool of those eligible for consideration for the job.

Applicant Name: \_\_\_\_\_  
(please print)

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

Note: Drug testing of prospective employees will be conducted by the DHHS certified lab of the Utility's choosing, at Utility expense and before the individual's first day of work. Pre-employment physicals will be conducted by the facility of the Utility's choosing, at Utility expense and before the individual's first day of work.

(APPDRUG 2/21/12)



## CENTRAL ARKANSAS WATER

### EMPLOYEE BENEFITS INFORMATION

(Full time employees only)

Holidays - Eleven paid holidays each calendar year; immediate eligibility for new employees.

PTO (Paid Time Off) - PTO time is accrued on a bi-weekly basis during the current year. Accrual is 6.16 hours of PTO per payperiod (20 days annualized) for employees with up to 3 years of service. Accrual amount increases based on years of service, to a maximum accrual of 32 days. New employees have a 90 day waiting period before accrual begins, with accrual retroactive to date of hire.

Medical Insurance - Employee coverage is paid 100% by the employer; dependent coverage (if elected) is paid 60% by employer and 40% by employee. Eligible for coverage the first of the month following 60 day waiting period.

Dental Insurance – Employee coverage is paid 100% by the employer; dependent coverage (if elected) is paid 100% by employee. Eligible for coverage the first of the month following 60 day waiting period.

Health Care Assistance Plan - \$100.00 annual reimbursement by employer for expenses incurred for eyeglasses, contacts, vision/hearing exams, health and dental insurance deductibles, co-payments or co-insurance, and prescription co-payments. Benefit eligibility after 1 year of employment.

Life Insurance – Employee coverage is paid 100% by the employer and life insurance provided is one times annual salary, up to \$50,000. Eligible for coverage the first of the month following 60 day waiting period.

Accidental Death & Dismemberment Insurance – Employee coverage is paid 100% by the employer and AD&D provided is one times annual salary, up to \$50,000. Eligible for coverage the first of the month following 60 day waiting period.

Short Term Disability – Pays 50% of employee’s salary beginning the 8<sup>th</sup> week of disability, continuing for a maximum period of up to 4 months. Coverage paid 100% by employer. Coverage begins after one year of employment.

Long Term Disability – Pays 60% of employee’s salary (\$3,000 monthly maximum) after 6 months of disability. Coverage paid 100% by employer. Coverage begins after three years of employment.

Retirement Plan - Member of Arkansas Public Employees Retirement System (APERS). Contributions are 5% of employee’s bi-weekly salary taken on a pre-tax basis. Participation begins immediately upon employment.

Cafeteria Plan – Employees are eligible to join and receive the benefits of pre-tax deduction of eligible insurance premiums. Employees may also make pre-tax contributions to a dependent care spending account, and after one year of service, a medical spending account.

Employee Wellness Benefit – Up to \$250 combined annual reimbursement of expenses associated with tobacco cessation (reimbursed at 100%); exercise/fitness membership (50%) or weight loss program membership (50%). Eligibility begins after one year of employment.

401A Investment Plan – Retirement savings plan in which employees contribute 1% of bi-weekly earnings, with employer match. Participation begins after 90 days.

457 Deferred Compensation Plan – Retirement savings plan in which employees may elect to participate. Contributions are funded 100% by the employee. Participation is voluntary and may begin at any time.

Credit Union - All employees are eligible to join Arkansas Federal Credit Union and to receive the benefits thereof.

Tuition Reimbursement – 100% of tuition is paid by employer for grade “C” or better, subject to utility guidelines.

Pay periods - Employees are paid on a bi-weekly basis on Friday, one week in arrears. Direct deposit is encouraged.

## YOU MUST HAVE A “GOOD” DRIVING RECORD FOR THIS JOB

A “**good**” driving record is based on the last three (3) years of driving.

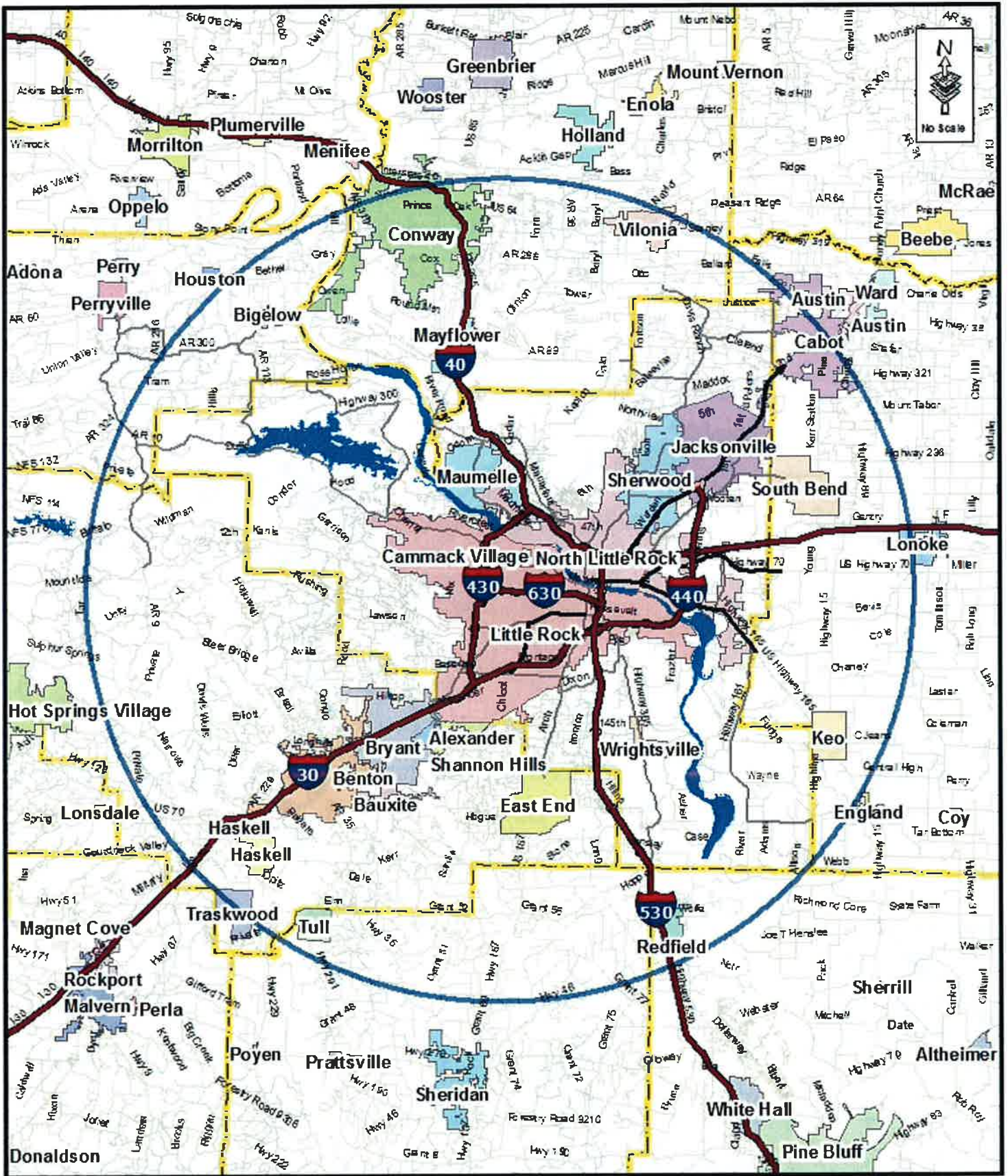
Types of items which may cause not having a “**good**” driving record.

(Remember this is over the last **three (3)** years)

1. Three (3) or more accidents where you were ticketed.
2. **DWI** (driving under the influence of drugs or alcohol.
3. Excessive speeding tickets (20 mph over the limit) along with any other tickets or violations.
4. Hit and Run - leaving scene of accident.
5. Ticketed for Reckless, Negligent, or Careless driving along with any other tickets or violations.

We **can not** hire people who **do not** have a “**good**” driving record when the job requires a “**good**” driving record.





## 26 Miles Radius Interstate 630 @ John Barrow Road



Legend	
	26m. I-630, John Barrow
	Interstate
	AR HWY
	River
	County