

# APPLICATION FOR METER READER

(Pre-Employment Questionnaire) (An Equal Opportunity Employer) (Carroll County REMC)

PERSONAL INFORMATION

DATE \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Phone No.: \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYMENT HISTORY (List below last Employer)

\_\_\_\_\_  
Firm's Name Address and City

\_\_\_\_\_  
From To Position Reason for Leaving

In case of an emergency notify: \_\_\_\_\_

\_\_\_\_\_  
Address Phone Number

VEHICLE INFORMATION

Automobile: Make \_\_\_\_\_ Year: \_\_\_\_\_

Do you carry liability insurance? \_\_\_\_\_

MISCELLANEOUS INFORMATION

Do you have a valid current Indiana Drivers License? \_\_\_\_\_

Who is going to be your back up meter reader? \_\_\_\_\_

What relation (if any) is this person to you? \_\_\_\_\_

What is your account number? (This is found on your bill.) \_\_\_\_\_

**FOR OFFICE USE ONLY** - Location: \_\_\_\_\_

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

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