

NEWBERRY COUNTY WATER & SEWER AUTHORITY

APPLICATION FOR EMPLOYMENT

Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company plans to verify the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, you must reapply in person.

PERSONAL INFORMATION

Date _____

Name _____

Last	First	Middle
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Present Address _____

Phone No. _____	City Referred By	State
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Are you 18 years or older? Yes ____ No ____ If no, list date of birth ____/____/____
(mo) (day) (year)

GENERAL

Are you legally eligible for employment in the United States? Yes No
Proof of eligibility will be required before you can be employed.

What date are you available for employment? _____

Have you ever applied for a position with this Company? Yes No Location _____ When _____

Are you presently on layoff or leave of absence from any other company? Yes No If yes, explain here: _____

Have you ever pleaded guilty to, "no contest" to, or been convicted of a felony? Yes ____ No ____ If "yes" please state citation, date, and place where offense occurred. (A "yes" answer will not automatically disqualify you from consideration.)

Do you have any criminal charges pending? Yes ____ No ____ If "yes" please state charge and date.

EDUCATION

Elementary School:	Indicate grade completed:				
High School Location:	Indicate grade completed:				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College(s) Location(s): (include Junior and Community)	Date From	Date To	Date Graduated	Date Degree Received/Expected	Course major/field
Other job related education institution					
List any special training, certifications, licenses, or permits that you have.					
List any computer programs you are familiar with or have had training with.					

WORK REFERENCES

Type of employment desired? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer	Will you work Shifts?
For what type of position Are you applying?	
Are you restricted to working only certain hours of the day? Yes ___ No ___ If yes, indicate the hours you are available _____	
Are you restricted from working certain days of the week? Yes ___ No ___ If yes, indicate the days you are available M T W T F S S	

DRIVING INFORMATION

Do you have a current driver's license? Yes ___ No ___ Class: _____
 State: _____ Lic. No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes ___ No ___ If yes, please explain circumstances: _____

Please list all moving traffic violations in the past five (5) years:

Offense	Date	Location	Offense	Date	Location
_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location
_____	_____	_____	_____	_____	_____

FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

Give Below The Names Of Three Persons, Not Related To You, Whom You Have Known At Least One Year

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

As an applicant for employment, I understand the following:

- Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work.
- No management official is authorized to make any oral assurance or promise of continued employment.
- I authorize without liability investigation of all statements contained in this application.
- **I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS "AT-WILL." THIS MEANS THAT EITHER I OR THE COMPANY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT NOTICE OR REASON.**

DATE

SIGNATURE