

Woodfin Sanitary Water and Sewer District
Application for Employment

Instructions to applicant: Please complete this application to the best of your knowledge and ability. Questions that do not apply should be marked as "not applicable" or "n/a". Failure to complete this application in full may result in the rejection of the application. If you wish to include a resume please attach it to the back of this application. **Do not** mark questions as "see resume".

Applicant Information

Name _____
 Last First Middle

Address _____
 Street & # or Box # City State Zip

Telephone (_____) _____ E-mail _____

Driver's License #/State _____ Social Security # _____

Position Information

Position applied for _____

Date available for employment _____ Date of application _____

How did you hear about this position?
 Newspaper Employment Office Internet Referral Other

Available to work (check all that apply):
 Nights Weekends Holidays Overtime Split-Schedule

General Information

1. Have you ever been employed with/applied for employment with the District? If yes, please explain:

 2. Are you related by blood or marriage to any current District employee? If yes, please explain:

 3. Have you ever been convicted of a felony? Yes No If yes, please explain:

- (Note: a "yes" answer to this question will not necessarily exclude you from employment)
4. Are you a U.S. Citizen or otherwise eligible to work in the United States? Yes No
 5. Have you read and do you understand the requirements of the position for which you are applying?
 Yes No
 6. Are you aware of any condition or disability that would prevent you from meeting the requirements of this position with reasonable accommodation? Yes No If yes, please detail below:

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General Information (continued)

7. Do you have any pending criminal charges or are you currently on parole/probation? Yes No

If yes, please explain _____

8. Do you have any other commitments that would prevent you from meeting the requirements of this position?

Yes No

If yes, please explain _____

9. Are you 18 years of age or older? Yes No

Education

High School – circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

If you did not graduate do you have a High School Equivalency Degree (GED)? Yes No

	Name/Location	Field of Study	Degree Obtained
High School	_____	_____	_____
College/University	_____	_____	_____
Graduate School	_____	_____	_____
Trade/Professional	_____	_____	_____

Military Experience

Branch of Service _____ Dates of Service _____

Rank at Discharge _____ Type of Discharge _____

Description of Duties/Responsibilities _____

References

List three persons not related to you living in the United States who have knowledge of your qualifications and abilities to perform the job for which you are applying.

	Full Name	Address	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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Work History

Describe your work history below beginning with your current or most recent position. As much detail as necessary should be used to give a complete description of the position. Volunteer experience related to the position for which you are applying may be included in this section. Each section should be completed in full; areas not applicable should be marked "n/a" or "not applicable". Attach additional sheets if necessary.

Name of employer _____	Employer address _____
Job Title _____	Name of supervisor _____
Dates of employment _____	Starting salary _____ Ending salary _____
Hours per week _____	Reason for leaving _____
Job duties & responsibilities _____	

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of employer _____	Employer address _____
Job Title _____	Name of supervisor _____
Dates of employment _____	Starting salary _____ Ending salary _____
Hours per week _____	Reason for leaving _____
Job duties & responsibilities _____	

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of employer _____	Employer address _____
Job Title _____	Name of supervisor _____
Dates of employment _____	Starting salary _____ Ending salary _____
Hours per week _____	Reason for leaving _____
Job duties & responsibilities _____	

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Application Pre-Employment Authorization

Important! Please read carefully and be sure each section is understood in full before signing below. **Failure to sign this application will result in the disqualification of the application.** All information contained within this application shall be held in strict confidence and used only in accordance with federal, state and local laws.

1. I hereby certify that the information contained within this application is true and honest to the best of my knowledge and that I have made every effort to represent education, experience and other credentials in a fair manner. I understand that information contained within this application later found to have been willfully misrepresented or omitted may result in the disqualification of my employment and immediate dismissal.
2. I agree to immediately notify the District of any significant change in circumstances after this application was submitted should I be contacted for a final interview prior to an offer of employment being extended.
3. I authorize any person, school, employer, and/or organization named within this application and/or accompanying resume to release information to the District that may be necessary for the District to make a determination of suitability for employment with regards to the position for which I have applied. I understand that such information may include, but is not limited to, dates and times of employment, compensation levels, nature of positions, and general employment criteria. I further authorize my former employer(s) to discuss my performance with any representative of the District investigating such information during the course of the hiring process, except as may have been noted within this application.
4. Upon receiving an offer of employment from the District, I agree to submit to a mental/physical examination and/or a drug screening if required by the District as a condition of employment.
5. I agree to provide proof of valid licenses, certifications and/or degrees upon request by the District.
6. I agree to provide proof of eligibility to work in the United States upon request by the District.

Signature _____

Date _____