

South Central Wastewater Authority
900 Magazine Road
Petersburg, Virginia 23803
(804) 861-0111

EMPLOYMENT APPLICATION

Position Applying for: _____

Please Print in Ink or Use Typewriter

This application form is designed to protect individual rights and to assure equal opportunity. All questions are considered important for employment and no other use is intended for the information you submit.

Applicants must complete all pages, incomplete applications will not be processed

PERSONAL:

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Social Security No. ____/____/____ Telephone (H) _____
(Note: social Security number is optional, Failure to submit on this form will not prohibit employment consideration. It may be required on other forms prior to employment. Telephone (W) _____

Check the job status you would accept: _____ Full-time _____ Part-time
Check which employment status you would accept: _____ Classified(benefits) _____ Temporary (No Benefits)
Date Available for Work _____

For purposes of compliance with the Immigration Reform and Control act, are you legally eligible for employment in the United States? _____ Yes _____ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

List relatives currently working for the South Central Wastewater Authority

| Name | Relationship | Section |
|----------|--------------|---------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Do you have a valid Driver's License? _____ Yes _____ No License No. _____
State: _____ Expiration Date: _____ Commercial License: _____ Yes _____ No
Do you authorize the South Central Wastewater Authority to check your driving record for repeated or significant traffic violation? _____ Yes _____ No

Person to be notified in case of an emergency:
Name: _____ Relationship: _____
Address: _____
Street City State Zip
Telephone Number (H) _____ (W) _____

Education and Training: _____ High School Equivalency Test: State Awarded: _____
 Date Passed: _____
 Highest Grade Completed: _____ Did you graduate: _____
 Last High School Attended: _____
 Name City State

| Colleges Attended | School Name City & State | Type of Diploma or Degree Awarded | Number of Credits | Major Field | Dates Attended: From: To: |
|-------------------|--------------------------|-----------------------------------|-------------------|-------------|---------------------------|
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Other (Military, Trade, Business, Secretarial, etc.) _____

 Foreign Languages (Spoken or Read): _____
 Skills: (Typing) _____ (Shorthand) _____
 Other Equipment Operated: _____

Please list below any additional information you consider pertinent to your application for employment (including school honors, professional memberships, unique skills, etc.)

Have you ever been convicted of a felony or any violation of the law for which a jail or prison sentence was or could have been imposed? (Please include traffic violation or offenses occurring before your eighteen (18th) birthday, if you were tried as an adult) Yes No A conviction does not automatically mean that you cannot be employed

| Date | Offense | City/State | Disposition/Sentence |
|------|---------|------------|----------------------|
| | | | |
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Employment Information: Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

May we contact your present employer? Circle one Yes No

| | | |
|-----------------------------|--|------------------|
| 1. Name/Address of Employer | Name/Title of Immediate Supervisor | Starting Salary: |
| Your Job Title or Position | Starting Date Ending Date / / / / Summer Part-time Full-time | Ending Salary: |

Describe your duties and responsibilities: _____

 Reason for Leaving: _____

| | | |
|-----------------------------|--|------------------|
| 2. Name/Address of Employer | Name/Title of Immediate Supervisor | Starting Salary: |
| Your Job Title or Position | Starting Date Ending Date / / / / Summer Part-time Full-time | Ending Salary: |

Describe your duties and responsibilities: _____

 Reason for Leaving: _____

| | | |
|-----------------------------|--|------------------|
| 3. Name/Address of Employer | Name/Title of Immediate Supervisor | Starting Salary: |
| Your Job Title or Position | Starting Date Ending Date / / / / Summer Part-time Full-time | Ending Salary: |

Describe your duties and responsibilities: _____

 Reason for Leaving: _____

References:

(Please list three (3) persons who are not relatives and who have knowledge of your qualifications for the position(s) for which you are applying: such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under work experience).

| | Name | Business/Home Address | Telephone No. | Business/Occupation |
|----|-------|-----------------------|---------------|---------------------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |

 Use the space for additional or explanatory information: _____

PLEASE READ CAREFULLY

I certify that the information I have provided to the previous questions are true and correct, and that no attempt has been made to conceal pertinent information. I authorize my current and/or former employers, schools and personal references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging this information. I understand that all statements made are open to investigation by the South Central Wastewater Authority and that if any information given in this application is found to be false or misleading. I will be subject to dismissal at any time during the period of my employment, and I agree to hold the South Central Wastewater authority and persons named herein blameless in that event.

If employment is obtained under this application, I will comply with all rules and regulations of the South Central Wastewater Authority, I agree to be responsible for the property and equipment issued to me by the South Central Wastewater Authority until returned by me to pay for property and equipment not returned. I agree to submit to a physical examination if required. Further, I understand and agree that my employment is for no definite period of time and may, regardless of date of payment of my salary, be terminated at any time by the South Central Wastewater Authority.

Applicant's Signature

Date

For Office Use:

Called for Interview: Yes No Date of Interview: _____

Interviewer: _____

Hired: Yes No Application put in file (date) _____