



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer - At Will Employer

PLEASE PRINT OR TYPE - NOT VALID UNLESS SIGNED AT BOTTOM OF LAST PAGE

Statements made by applicants for employment on this application form will be carefully checked for accuracy. The use of this form does not mean there are positions open and does not obligate us in any way.

Etowah Water & Sewer Authority does not engage in any form of unlawful discrimination. If you feel that you have been discriminated against for any reason, please call this to our attention so that we may address your concern.

Position(s) applied for _____ Date _____

Date available to begin _____ Temporary or Summer Part-time Full-time

Referral Source: Advertisement Employment Agency Friend Relative Walk-in

Name _____ SS# _____
(Last) (First) (Middle)

Current Address _____ Phone (____) _____
(City) (State) (Zip)

Previous Address _____ Phone (____) _____
(City) (State) (Zip)

Are you 18 years or older?: _____ If less than 18, do you have appropriate employment certificates? Yes No
 Have you filed an application here before? _____ If yes, when? _____
 Have you ever been employed here before? _____ If yes, when? _____
 Can you submit documents to verify both your identification and legal right to work in the United States? _____
 Can you perform the essential functions of the position you are applying for with reasonable accommodations? _____
 Do you have reliable transportation to work? _____

EDUCATION

	Elementary	High School	College/University	Graduate
School Name and Address				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe special skills or training related to job for				

which applied:	
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EMPLOYMENT EXPERIENCE -

List each job held. Start with your Present or Last Job. If unemployed for a month or longer, please so indicate.

MY PRESENT EMPLOYER ___MAY ___MAY NOT BE CONTACTED (Check Correct Response)

(1) Name and Address of Employer and Type of Business: _____

From: Month/Year _____ To: Month/Year _____ ___Full-Time ___Part-Time

Starting Salary: _____ Ending Salary: _____ Telephone (_____) _____

Supervisor's Name and Title: _____

Job Title and Specific Duties: _____

Reason for leaving _____

(2) Name and Address of Employer and Type of Business: _____

From: Month/Year _____ To: Month/Year _____ ___Full-Time ___Part-Time

Starting Salary: _____ Ending Salary: _____ Telephone (_____) _____

Supervisor's Name and Title: _____

Job Title and Specific Duties: _____

Reason for leaving _____

(3) Name and Address of Employer and Type of Business: _____

From: Month/Year _____ To: Month/Year _____ ___Full-Time ___Part-Time

Starting Salary: _____ Ending Salary: _____ Telephone (_____) _____

Supervisor's Name and Title: _____

Job Title and Specific Duties: _____

Reason for leaving _____

GENERAL INFORMATION

Make an X in the Square beside the correct answer or fill in the blank as indicated.

Have you ever been discharged by an employer? ___Yes ___No Explain _____

Have you ever been convicted of a crime? ___Yes ___No If yes, state the offense for which you were convicted, date conviction was rendered and sentence imposed. _____

NOTE: Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time and rehabilitation will be taken into account in determining effect on suitability for employment.

REFERENCES (Not Former Employers or Relatives)

Name: _____

Address: _____

Business & Position: _____ Phone (____) _____

Name: _____

Address: _____

Business & Position: _____ Phone (____) _____

Name: _____

Address: _____

Business & Position: _____ Phone (____) _____

ACKNOWLEDGEMENT

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

All the statements and information on my application are true and correct and no attempt has been made to conceal or withhold pertinent information. I understand any falsification or misrepresentation is cause for termination in the event I am employed.

I hereby authorize investigation of all statements I have made herein. I authorize the companies or persons named herein to give any information regarding my past employment, together with any information they may have regarding me whether or not it is on their records. I hereby release said companies or persons, and Etowah Water & Sewer Authority, from all liability for any damage whatsoever for issuing or obtaining this information.

I understand that this application will only be considered active for 90 days from the date of application.

Signature of Applicant