



# Application for Employment

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

STREET

CITY

STATE

ZIP

Tel Number (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License number \_\_\_\_\_ State \_\_\_\_\_

Are you legally eligible for employment in this country? ..... Yes \_\_\_\_ No \_\_\_\_

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired \_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary \_\_\_\_ Seasonal \_\_\_\_ Educational Co-Op

Are you able to meet the attendance requirements of the position?..... Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of a crime in the last seven (7) years? ..... Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

## Employment History

*Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.*

From:	To:	Employer	Telephone:
Job Title:		Address	
Supervisor Name/Title _____ _____		Summarize the nature of work performed and job responsibilities: _____ _____	
Reason for leaving		Hourly Rate: Start \$ _____ Final \$ _____	

From:	To:	Employer	Telephone:
Job Title:		Address	
Supervisor Name/Title _____ _____		Summarize the nature of work performed and job responsibilities: _____ _____	
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Job Title:	Address
Supervisor Name/Title	Summarize the nature of work performed and job responsibilities: _____ _____
Reason for leaving	Hourly Rate: Start \$ _____ Final \$ _____

### Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

### Educational Background

Name and Location	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
High School				
College				
Other				

### References:

NAME	E-MAIL	TELEPHONE	YEARS KNOWN
		( )	
		( )	
		( )	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days, at the conclusion of this time, If I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice; except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that employer is a Drug Free Work Place.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date / /

**Butts County, et al. Water & Sewer Authority  
Agreement to Drug Testing and Criminal Background Report Run**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number        -        -        \_\_\_\_\_

Gender    ( ) Male    ( ) Female

Race \_\_\_\_\_

I agree to a pre-employment drug test. If I am hired as an employee of the Authority, I may be requested to undergo drug testing as part of a random program, or for reasonable suspicion of drug use. I will agree to a drug test at any time I am requested to do so by my supervisor.

I also authorize the Authority to obtain a complete Criminal and Drivers Background Check. This information will be used only for employment purposes with the Authority.

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_