



Henry County Water Authority

APPLICATION FOR EMPLOYMENT

Thank you for your interest in applying for employment with HCWA. We are an equal employment opportunity employer and do not discriminate based on any category protected under federal, state or local law. HCWA will make reasonable accommodation(s) for qualified individuals with a disability and for sincerely held religious beliefs in accordance with all legal requirements. Any applicant requiring a reasonable accommodation should contact the hiring manager.

Incomplete applications will not be considered.

Warning: Falsification or omission of information can lead to refusal to hire or to discharge.

JOB REQUIREMENTS:

Position for which you are applying:	Date of Application	Salary Requirements:
What type of employment are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the position you are applying for has more than 1 shift, indicate which shift you would be interested in working: <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd shift Hours & Days of the week you are available to work:		When would you be available to begin work ?

How were you referred to HCWA:

Can you travel if a job requires it? Yes No Are you currently on layoff status? Yes No

Have you ever filed an application with us before: No Yes If yes, when:

Have you ever been employed with us before: No Yes If yes, when

PERSONAL INFORMATION:

Last Name	First Name	Middle		
Telephone Number where you may be reached Monday-Friday 8:00a.m. — 5:00 p.m.				Home Phone Number
Street Address	City	State	Zip	How long?
Previous Address:	City	State	Zip	How long?

Are you 18 or older? Yes No

If you are under 18 can you provide a proof of your eligibility to work? Yes No

Employment Record:

Please complete in detail starting with present or most recent employer. List all previous employers. Include self-employment, military service, summer or part-time employment. Use additional sheets if necessary.

Company Name:	Address:
Length of employment: From: _____ to _____	Job Title:
Salary: _____ Starting	Phone Number:
Salary: _____ Final	Supervisor Name :
Briefly Describe your duties:	Reason for leaving
Were you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Other	May we contact this employer? <input type="checkbox"/> Yes """" <input type="checkbox"/> No If no, explain:

Company Name:	Address:
Length of employment: From: _____ to _____	Job Title:
Salary: _____ Starting	Phone Number:
Salary: _____ Final	Supervisor Name:
Briefly Describe your duties:	Reason for leaving
Were you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Other	May we contact this employer? <input type="checkbox"/> Yes"""" <input type="checkbox"/> No If no, explain:

Company Name:	Address:
Length of employment: From: _____ to _____	Job Title:
Salary: _____ Starting	Phone Number:
Salary: _____ Final	Supervisor Name:
Briefly Describe your duties:	Reason for leaving
Were you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Other	May we contact this employer? <input type="checkbox"/> Yes"""" <input type="checkbox"/> No If no, explain:

Special Skills & Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience/training that would relate to the position for which you have applied:

List Professional, Trade, Business or Civic activities and offices held:

Do you speak/write any foreign languages? No Yes If yes, please indicate language(s), whether you read or write and how fluent.

Have you had any job-related training in the U.S. Military? No Yes "If yes, Describe:

References:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

Education:

School Name/Location	Specify Degree Earned	Major	Circle Last Year Completed	Grade Point Average
High School		N/A	"1 "2 "3 "4	
Vocational School			"1 "2 "3 "4	
College			"1 "2 "3 "4	
Graduate			"1 "2 "3 "4	
Other			"1 "2 "3 "4	

If currently enrolled, name of school:

Current level:

Major subject:

Schedule Hrs.

Are you planning to pursue further studies? " No Yes " " Day school " Night school

If so, when and what courses:

Conditions of Employment

PLEASE READ THIS SECTION CAREFULLY AND SIGN AND DATE THE BOTTOM

- A. I authorize investigation of all the statements contained in this application. I authorize all my previous employers and references listed to furnish any information requested concerning my personal character, habits, or employment records. I release all such persons from liability or damages incurred as a result of responding to such an inquiry by HCWA.
- B. I understand that employment, if offered, is subject to my satisfying the employment and eligibility requirement of the Immigration Reform and Control Act of 1986. I will be required to provide proof of citizenship or immigration status upon employment.
- C. I recognize that this application is not an offer of employment. I agree that if I am hired, I will be an at-will employee, meaning that I am employed for no definite period of time. I understand that either I or HCWA may end the employment relationship at any time, with or without cause.
- D. If I am employed by HCWA I will comply with all rules, regulations and directives. I further understand that these rules, regulations, and directives may be changed, reinterpreted, withdrawn or added to by the HCWA at any time, at the HCWA's sole option and without any prior notice to me.
- E. I agree that any outside employment must follow the provisions of the HCWA Handbook.

I have read and agree to abide by the above statements and conditions of employment, if hired.

Applicant Signature

Date of Application