

Heard County Water Authority
11520 Highway 34 West, P.O. Box 610
Franklin, Georgia 30217
Telephone: (706) 675-3358
Fax: (706) 675- 3398

Internet Address: www.myhcwa.com

APPLICATION FOR EMPLOYMENT

Position or Job Title Applied For: _____

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status.

Personal Data

Last Name First (given) Middle Other name(s) under which you have been employed

Address: Street Apt # City State Zip Code E-mail Address

Telephone: _____

Business

Residence

Cell

Social Security Number

WILL YOU ACCEPT: Full Time Work? Part-Time Work? Shift Work? Weekend/Holiday?

What is the minimum salary you will accept for this position? _____

Are you 18 years old or older? _____ Are you eligible to work in the United States either because you are a U. S. citizen or have U.S. government permission to do so? No Yes

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? No Yes If yes, when and where? _____

Give name, relationship, & department of any relatives currently employed with Heard County Water Authority _____

Are you able to perform the job duties listed for the position you are applying for without an accommodation?

Yes No If no, what accommodation is needed? _____

If required by this position, do you have a valid driver's license? No Yes

License # _____ Type _____ State _____

Have you had any traffic violations in the past 3 years? No Yes If yes, type of offense and dates: _____

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? (Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law).

NO Yes If Yes, give complete details: (Date, Place, Charges, Disposition) _____

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

"We are an Equal Opportunity Employer"

EDUCATION

Do you have a high school diploma or its equivalent (G.E.D. Certificate)? NO YES

If yes, please list the name and address of the high school or state authority issuing the diploma or certificate.

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	Hours Earned		Major	Degree	Date Received
			Quarter	Semester			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. Include office equipment, computer skills, foreign language skills, and special honors that may relate to the position for which you are applying.

REFERENCES - Give names, addresses, and telephone numbers of three (3) references who are not related to you and are not previous employers.

1. _____
 Name Phone #

Address: Street Apt # City State Zip Code

2. _____
 Name Phone #

Address: Street Apt # City State Zip Code

3. _____
 Name Phone #

Address: Street Apt # City State Zip Code

Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. Have you ever been disciplined, fired, or asked to resign from any job? No Yes If yes, why? _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates:
From _____ to _____
Name of Supervisor: _____ Annual Salary: _____
Position Held: _____ Reason for Leaving: _____
Describe Your Duties: _____

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Position Held: _____ Reason for Leaving: _____
Describe Your Duties: _____

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

(Please duplicate this page if needed)

Applicant's Certification and Agreement

Authorization to Release Information

Conditions of Employment

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the Heard County Water Authority, I agree to conform to the policies, rules and regulations set forth in the Heard County Water Authority's Personnel Management System, employee handbook, and policies; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with Heard County Water Authority, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

If required by Heard County Water Authority for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING.

May we contact your present employer? No Yes Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____

*****Heard County Water Authority is a Drug Free Workplace**
Alcohol and Controlled Substance Testing***

As a condition of employment with Heard County Water Authority , you will be required to submit to an alcohol and controlled substance screening test. In order to be employed by the Heard County Water Authority, you must successfully pass this screening test. Candidates rejected for failing to pass the required screening will be required to wait at least 12 months before reapplying for employment. Employees must, as a condition of employment, abide by the Heard County Water Authority Substance Abuse / Drug Testing Policy. Employees who are indicted for, or convicted of, a controlled substance related violation under state or federal law, or who plead guilty or no contest to such charges must inform their Supervisor or the Executive Director in writing within five days of the conviction or plead (this is a requirement of the Drug Free Workplace Act of 1988). **Should you be offered a job with Heard County Water Authority, your position will be subject to post accident and reasonable suspicion testing. All safety sensitive positions will be subject to random drug and alcohol testing. These requirements are in accordance with the Water Authority's Personnel Policy.**

By signing this form, you are acknowledging that you consent to such an examination and screening test

Date: _____ Signature: _____

CONFIDENTIAL

HEARD COUNTY WATER AUTHORITY

It is the policy of the Heard County Water Authority to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital or veteran status, sex, age, or disability.

For equal employment opportunity (EEO) statistical data, we request *the* following information. All information will be considered strictly private and confidential and will be used for EEO purposes only. This form is not part of the application for employment. **Failure to complete this form will not affect your application for a position.**

Your cooperation is appreciated. If you prefer not to reply, leave this sheet blank.

If you have questions, please contact the Operations Specialist @ 706-675-3358.

Position applied for: _____

Male _____ Female _____ Age _____

WITH WHICH ETHNIC GROUP DO YOU MOST IDENTIFY?

1. _____ Black - Not of Hispanic Origins.
2. _____ Caucasian - Includes origins in Europe, *North* Africa, Middle East; not Hispanic or East Indian.
3. _____ Hispanic - Includes origins of Mexican, Puerto Rican, Central American, South American or other Spanish cultures.
4. _____ American Indian/Alaskan Native
5. _____ Asian/Pacific Islander
6. _____ Other

REFERRAL SOURCE:

1. _____ Newspaper
2. _____ Job Line
3. _____ Walk-In
4. _____ Job Posting Board
5. _____ Job Fair
6. _____ Friend or Relative
7. _____ Current Employee
8. _____ State Department of Labor
9. _____ Professional Journal
10. _____ Community Agency
11. _____ Other
12. _____ Employment Agency
13. _____ Heard County Water Authority Website

HEARD COUNTY CRIMINAL HISTORY RECORD CONSENT FORM

UNLESS ALL BLANKS ON THIS FORM ARE COMPLETED, NO INFORMATION WILL BE RELEASED, CHANGES, STRIKETHROUGHS, OR WHITE OUT ARE NOT PERMISSIBLE.

THIS AUTHORIZATION FORM WILL EXPIRE 30 DAYS FROM THE DATE OF SIGNATURE.

I hereby authorize the Heard County Water Authority to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in United States.

FULL NAME: (Print)

LAST **FIRST** **MIDDLE** **MAIDEN**

ADDRESS **CITY** **STATE** **ZIP**

DATE OF BIRTH: _____ **RACE:** _____

SOC#: _____ **SEX:** _____

SIGNATURE (PLEASE DO NOT SIGN THIS UNTIL YOU ARE IN FRONT OF A NOTARY. THIS FORM MUST BE NOTARIZED IN ORDER TO AUTHORIZE THE BACKGROUND CHECK)

DATE

NOTARY (SIGNATURE AND SEAL REQUIRED) _____

SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE)

- EMPLOYMENT WITH MENTALLY DISABLED (PURPOSE CODE 'M')
- EMPLOYMENT WITH ELDER CARE (PURPOSE CODE 'N')
- EMPLOYMENT WITH CHILDREN (PURPOSE CODE 'W')

HEARD COUNTY WATER AUTHORITY
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a Heard County Water Authority vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the Heard County Water Authority, to obtain any information in my files pertaining to my driving record for the time period indicated below on an annual basis upon hire.

This release is executed with full knowledge and understanding that the information is for official use of the Heard County Water Authority for the purpose of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the Heard County Water Authority to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

Full Name: _____ Male Female
(Print)

Date of Birth: _____ Driver's License Number: _____ State Where Issued: _____

Driver's License Expiration Date: _____ Request: Three-year _____ Seven-Year _____

Signature: _____ Date: _____

***All applicants applying for positions requiring the operation of a Water Authority vehicle (or a personal vehicle, as required) must provide a satisfactory three year driving record upon notification.**