

CLAYTON COUNTY WATER AUTHORITY

APPLICATION FOR EMPLOYMENT

Clayton County Water Authority is an equal opportunity employer. All applicants and employees are considered for employment, development, advancement, and compensation based upon their skills and performance, without regard to race, color, religion, sex, national origin, age, ancestry, disability or marital status.

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Address: _____

Telephone: _____ Alternate: _____ Work _____ Pager _____ Mobile _____

Are you a U. S. Citizen? Yes No If not, VISA type: _____ VISA Number: _____

Are you at least 18 years of age? Yes No Can you provide a workers permit? Yes No

JOB INTEREST

Position Applied For: _____

Minimum Salary Required: _____ Date Available: _____

How were you referred? Classified Ad Other Source or Person. Please identify: _____

Previous Employment with CCWA: From _____ To _____ Reason for Leaving: _____

Do you have any relatives employed by CCWA? Yes No Name & Department: _____

EDUCATION

High School: Name: _____ Location: _____

Did you graduate? Yes No Date: _____ If not, have you received a G.E.D.? Yes No

College: Name: _____ Location: _____

Give years completed: 1 2 3 4 Degree/Major: _____

Post Graduate: Name: _____ Location: _____

Did you graduate? Yes No Date: _____ Degree/Major: _____

Trade or Business: Name: _____ Location: _____

Did you graduate? Yes No Date: _____ Course of Study: _____

MILITARY SERVICE

Have you served in the U.S. Military? Yes No Branch of Service: _____

Date of Entry: _____ Date of Discharge: _____

SPECIAL SKILLS

Typing (WPM): Working knowledge of: PC CRT Ten Key License/Certifications: _____

Heavy Equipment: _____ Other: _____

Do you currently have a GA Driver's License: Yes No CDL: Yes No Class & Number: _____



EMPLOYMENT RECORD

EXPERIENCE: Begin with your present or last job and describe in detail all periods of employment, including self-employment. Include military service and part-time employment. Account for all your time during any intervals of unemployment other than those when you were attending school. Use additional sheet if necessary. (Note: Please give complete addresses of street and city.) Please provide specific information on your duties for the positions listed, including specific experience you have relating to the position you are applying for.

Employer Name: _____ Address: _____
 Supervisor: _____ Phone: _____
 Position: _____ Salary: _____ Hours worked per week: _____
 Dates of Employment: From _____ To _____ Reason for Leaving: _____
 Duties: _____

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APPLICANT'S STATEMENT

Have you ever been convicted, or are any charges now pending against you by Federal, State or other law enforcement authorities, for any violation of any Federal Law, State Law, County or Municipal Law, Regulation or Ordinance? Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations. All other convictions must be included. Yes No

If "yes" answer fully the act for which you were convicted.

I understand that as a condition of employment I must submit to a pre-employment physical & drug screen as prescribed by CCWA and by a CCWA designated physician with the cost of said physical and drug screen being paid by CCWA. I further understand that the CCWA will request a motor vehicle report on me. I further understand that information from the pre-employment physical and drug screen or the motor vehicle report may persuade the CCWA to withdraw an offer of employment or, if already hired, to terminate employment.

I hereby certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I realize that falsification and/or incomplete information will constitute sufficient cause for CCWA not to employ me or, if employed, to terminate my employment for cause. I authorize current or past employers, any law enforcement organization, personal references, or educational institution to give information concerning my background.

If employed, I understand that nothing stated or written should be construed as direct, implied, or inferred contract of employment between myself and CCWA. I further understand that if employed, my employment may be terminated at the will of CCWA or myself at any time with or without cause or notice.

Signature _____ Date _____

CCWA Office Use Only:			
Position Interviewed For:	Date of First Interview:	Second Interview:	
Applicant Number:	Hired: Yes No	Date Hired:	
Entered By:	Date:		