



APPLICATION FOR EMPLOYMENT

This application form is designed to protect individual rights and privacy and to insure equal employment opportunity. All questions are considered important for employment and no other use is intended for the information you submit.

**South Granville Water
and Sewer Authority**

Equal Employment Opportunity Employer

| | | | |
|------------------------------|--|--------------|--|
| Position Applied For: | | Date: | |
|------------------------------|--|--------------|--|

| APPLICANT PERSONAL INFORMATION | | | | | |
|---------------------------------------|--|-------------------|------------------|---------------|---|
| Last Name: | | Middle: | | First: | |
| Address1: | | | Address2: | | |
| City: | | State: | | Zip: | |
| Primary Phone: | | Secondary: | | | If no phone, where can you be reached by phone? |
| Email Address: | | | | | |

| EMPLOYMENT INFORMATION | | | |
|--|---|---|---|
| Date available for employment? | Are you seeking: | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> |
| May we contact your present employer? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Have you ever worked for SGWASA before? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes give dates: From _____ To _____ | | |
| Are you related to anyone employed by SGWASA? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes: Name(s) | Relationship: | |
| | Name(s) | Relationship: | |
| Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, what is your birth date? | | |

| MILITARY SERVICE | |
|---|---|
| Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you a widow, or wife of a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date of entry into active service | Date of separation from active service |
| Type of Separation | If more than 1 tour of duty, explain: |

| CRIMINAL BACKGROUND HISTORY | |
|--|--|
| Have you ever been convicted of an offense against the law other than a minor traffic violation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. Background checks are conducted on all SGWASA applicants prior to being offered employment. | |
| Explain: | |
| | |

REFERENCES

List persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors you will list in the Employment History section.

REFERENCE 1

| | | | |
|-----------------|--|-------------------------|-------------|
| Name: | | Contact Phone #: | |
| Address: | | Email Address: | |
| City: | | State: | Zip: |

REFERENCE 2

| | | | |
|-----------------|--|-------------------------|-------------|
| Name: | | Contact Phone #: | |
| Address: | | Email Address: | |
| City: | | State: | Zip: |

REFERENCE 3

| | | | |
|-----------------|--|-------------------------|-------------|
| Name: | | Contact Phone #: | |
| Address: | | Email Address: | |
| City: | | State: | Zip: |

EDUCATION

Did you either graduate from high school or pass the High School Equivalency Test? Yes No

Check highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12

| | |
|--------------------------------|------------------|
| Elementary School Name: | Location: |
| High School Name: | Location: |

| College/University/Graduate/Other | Attended From Mo. Yr. | Attended To Mo. Yr. | # Years Completed | Credit Hours | Did you Graduate ? | Degree or Diploma & Yr Received | Major Subject |
|-----------------------------------|-----------------------|---------------------|--|--------------|--------------------|---------------------------------|---------------|
| | | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | | | |
| | | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | | | |
| | | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | | | |
| | | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | | | |

CERTIFICATIONS/LICENSES

| Certification/License | Type | State/Number | Date Received |
|-----------------------|------|--------------|---------------|
| | | | |
| | | | |
| | | | |

If you have a CDL license, be sure to include it above. If you have specific skills relating to the position such as operating certain equipment or heavy machinery, please list those in the space below.

| EMPLOYMENT HISTORY | | | | | | | | | | |
|---|-----------|--|--|--|---------------------------|----------------------------|--|------|--------------------------------|--|
| Answer questions for each period of employment. Include military service and previous employment with the South Granville Water and Sewer Authority. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet. | | | | | | | | | | |
| Employer 1 | | | | | | | | | | |
| Position/Job Title: | | | | | Name/Title of Supervisor: | | | | | |
| Employer Name: | | | | | Contact Phone #: | | | | | |
| Employer Address: | | | | | Email Address: | | | | | |
| City: | | | | | State: | | | Zip: | | |
| Salary: | Starting: | | | | Ending: | | | | # of employees you supervised: | |
| Date: | Employed: | | | | Separated: | | | | Reason for leaving? | |
| Full-time: # years/months: | | | | | | Part-time: # years/months: | | | | |
| Employer 2 | | | | | | | | | | |
| Position/Job Title: | | | | | Name/Title of Supervisor: | | | | | |
| Employer Name: | | | | | Contact Phone #: | | | | | |
| Employer Address: | | | | | Email Address: | | | | | |
| City: | | | | | State: | | | Zip: | | |
| Salary: | Starting: | | | | Ending: | | | | # of employees you supervised: | |
| Date: | Employed: | | | | Separated: | | | | Reason for leaving? | |
| Full-time: # years/months: | | | | | | Part-time: # years/months: | | | | |
| Employer 3 | | | | | | | | | | |
| Position/Job Title: | | | | | Name/Title of Supervisor: | | | | | |
| Employer Name: | | | | | Contact Phone #: | | | | | |
| Employer Address: | | | | | Email Address: | | | | | |
| City: | | | | | State: | | | Zip: | | |
| Salary: | Starting: | | | | Ending: | | | | # of employees you supervised: | |
| Date: | Employed: | | | | Separated: | | | | Reason for leaving? | |
| Full-time: # years/months: | | | | | | Part-time: # years/months: | | | | |

CERTIFICATE OF APPLICANT

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at will and can be terminated by either party. By signing below, I understand that if selected for employment, as part of the pre-employment process as required by South Granville Water and Sewer Authority, I must submit to a drug screening. By signing below, I hereby authorize SGWASA to perform an investigation of my DRIVING HISTORY and CRIMINAL RECORD.

| | |
|-----------------------------|---|
| Applicants Signature | Send completed applications to: South Granville Water and Sewer Authority Human Resources Department 415 Central Avenue, Ste B Butner, NC 27509 |
|-----------------------------|---|

Use this space to explain any answers (Attach additional sheet(s) if needed.)