# SOUTH GRANVILLE WATER AND SEWER AUTHORITY EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed or hand delivered to: **SGWASA**, 415 Central Avenue, Butner, NC 27509

http://www.sgwasa.org

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned or incomplete applications will not be considered**. Once submitted, application materials become the property of SGWASA. An application must be received by the Administrative Office by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY**.

CURRENT INFORMATION

If YES, please explain under EXPLANATIONS.

CONTRACTOR INTO CONTRACTOR	<u> </u>	
(1) POSITION TITLE		DATE:
(2) When will you be available for emplo	pyment? (i.e. immediately, 2 we	eeks notice)
. , , , , , , , , , , , , , , , , , , ,	ular [ ] Part-time regular	[ ] Temp./prefer regular [ ] Temporary Only
(4) NAME:(Last)		
(Last)	(First)	(Middle)
(5) ADDRESS: Street & No. or P.O. Box	Town	State Zip
(6) HOME TEL # ( )	BUS. TELEF	PHONE # ( )
MOBILE TEL#	E-MAIL ADDRESS	S
(7) Are you 18 or older? [ ] Yes [ ] No	If NO, what is your birth date?	
<b>GENERAL INFORMATION</b>	<u>ON</u>	
If you need to explain any answer, use the s	pace under EXPLANATIONS near	r the end of this application.
(8) Apart from absences for religious ob	servances, check conditions th	at you are willing to accept.
Occasional: [ ] night work Regular: [ ] night work Frequent [ ] night work	[] weekend work [] overtime [] weekend work [] overtime [] weekend work [] overtime	[ ] rotating shifts [ ] "on-call" [ ] rotating shifts [ ] "on-call" [ ] rotating shifts [ ] "on-call"
(9) Have you ever been employed with a lf YES, what department and wl		No
(10) Have you applied to SGWASA before If YES, indicate what position and		No
(11) Are you willing to accept a salary w	rithin the advertised normal star	rting salary range? [ ] Yes
(12) Are you now or were you previously or Board member? If YES, give name, relationship	[]Yes []No	
(13) Are you able to perform all of the de	uties of the job you have applie	ed for? [ ] Yes [ ] No
(14) Are you an American citizen or do y	you currently have authorization	n to work in the U.S.?[ ] Yes [ ] No
15) Did you receive any of your education	on or employment experience u	under another name?[ ] Yes

### **EDUCATION**

## Provide your complete history

• • • •	as you. o	ompioto imoto. y							
(16) In	dicate highe	est school year completed:	(i.e. 8, 12	, 16)					
(17) N	ame of High	n School			T	own		State	
(18) H	ave you rec	eived a high school diplom	a or equiv	alent	t? [	] Yes [ ] No			
Educa Beyon High S	d	Name and Location		Atten Fro Yr.		Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
Colleg Univers	e(s) sity(ies)					Yes No			
Gradu Profes Schoo	sional					Yes No			
Techni Institu Interns						Yes No			
(23) applyii positio	Please lis ng. Include	t any knowledge, skills, or a skills with equipment or matyping speed and word products.	abilities yo achines yo	ou ha ou ca	ve that y n operati re packa	e. If you wish o	onsideration I/or used.	on for a secretarial/cle	erical
(a) (b)					(e (f)				
(c)					(g	)			
. ,	GISTRA List fields	TIONS, LICENS	ES, C	<b>ER</b>	<b>TIFIC</b>	CATIONS sed or certified:		5 0	
	Registration	on:	State:	<u>:</u>	N	0:		Exp. Date:	
	Registration	on:	State:	:	N	0:		Exp. Date:	
	Other:								
(25)		t your <b>VALID DRIVER'S LI</b> cense, please put "NONE" i 							nave a
(26)		iver's license a Commercial dicate the class	l Driver's l	_icen	se? [	]Yes []No			

## **EMPLOYMENT**

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECE	NT EMPLOYMENT (or expl	ain gap in employment)	
JOB TITLE	Sta	rting Salary	Last Salary
Date employed	Date Separated	rung Calary	_Last Galary
Date employedEmployer or company		Telephone # (	)
Employer or company address			
Name and Title of most current sup	ervisor		
Full-time for: Yrs Mos Pai	t-time for: Yrs Mos# of	employees supervised by you_	
If you worked part-time, the number	of hours worked per week		
DUTIES IN ÖRDER OF IMPOR	TANCE		
REASON FOR LEAVING or desirin	g a change		
B. NEXT MOST RECENT EMP	-		
IOR TITLE		Starting Salary	Last Salary
JOB TITLE	Date Senarated	otarting dataly	Last Salaty
Employer or company	Date departited	Telephone # (	)
Employer or company address		. diopriorie ir (	
Name and Litle of most current sup	ervisor		
Full-time for: Yrs Mos Par	t-time for: Yrs Mos# of	employees supervised by you	
If you worked part-time, the number	of hours worked per week		
DUTIES IN ORDER OF IMPOR	TANCE		
REASON FOR LEAVING			
C. NEXT MOST RECENT EMP	LOYMENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salarv
Date employed	Date Separated	<u> </u>	
Employer or company	·	Telephone # (	_)
Employer or company address		. ,	
Name and Title of most current sup	ervisor		
Full-time for: Yrs Mos Pai	t-time for: Yrs Mos# of	employees supervised by you_	
If you worked part-time, the number	of hours worked per week		
DUTIES IN ORDER OF IMPOR	TANCE		
REASON FOR LEAVING			
D. NEXT MOST RECENT EMP	∟OYMENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salary
Date employed_ Employer or company	Date Separated		
Employer or company		Telephone # (	_)
Employer or company address			
Name and Title of most current sup Full-time for: Yrs Mos Par	t-time for: Yrs Mos# of	employees supervised by you_	
If you worked part-time, the number	of hours worked per week		
DUTIES IN ORDER OF IMPOR	I ANCE		
REASON FOR LEAVING			

## E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE	Starting Salary	Last Salary
JOB TITLE  Date employed Date S	eparated	
Employer or company	r elephone # ()	
Employer or company address		
Name and Title of most current supervisor		
Full-time for: Yrs Mos Part-time for: Yrs	Mos# of employees supervised by you	
If you worked part-time, the number of hours worked p	ber week	
_		
REASON FOR LEAVING_		
F. NEXT MOST RECENT EMPLOYMENT (or ex	xplain gap in employment)	
JOB TITLE	Starting Salary	Last Salary
JOB TITLE Date employed Date S	eparated	Last Salary
Employer or company	Telephone # ()	
Employer or company address		
Name and Title of most ourrent ounervisor		
Full-time for: Yrs Mos Part-time for: Yrs	Mos # of employees supervised by you	
If you worked part-time, the number of hours worked part-time and the number of hours worked part	per week	
DUTIES IN ORDER OF IMPORTANCE		
REASON FOR LEAVING		
(27) Have you had disciplinary action taken agai	net you in the past 12 months? [ ] Vac [	1 No.
	(A YES will not automatically disqualify you.)	
II 123, explain under EXPEXIVATIONS.	(A 123 will flot automatically disquality you.	)
(28) a) Have you ever been dismissed or forced	to resign from any job held? [ 1 Yes [	1 No
b) Were you dismissed or forced to resign f	or disciplinary reasons? [ ] Yes [	1 No
	ANATIONS. (A YES will not automatically dis	
	, ,	, , ,
(29) May we contact your present employer for r		
If you are not currently employed, please	e check here N/A (). If NO, explain under	EXPLANATIONS.
<b>EXPLANATIONS</b>		
ITEM #		<u> </u>
ITEM #		
ITEM #		
ITEM #		
Certification and Release (MUST BE SIG		
<ul> <li>To the best of my knowledge and belief, the information or negligently misrepresented, falsified or omitted any in</li> </ul>		
wording of this application form, I may be disqualified for		
<ul> <li>I authorize my current and former employers to give any</li> </ul>	y information regarding me or my employment, whether	
release them from any damage whatsoever for issuing		•
I also authorize educational institutions which I attended		
associations, registration and licensing boards and to or any provision of State or Federal law, I expressly waive		
institution under a promise of confidentiality.	any name to review information occurrent receive	25 3 a opioyor or oddoddoridi
I also permit SGWASA to conduct a Police, Court, Cred	lit and/or Motor Vehicle Records Investigation of my bac	ckground where related to the job for
which I am applying.	he I may be tested for drug and cleahed use to determine	oo if I am currently using as shusing
<ul> <li>I understand that if I apply or have applied for certain jo these substances. I consent to the testing and understa</li> </ul>		ie ii r am currenily using or abusing
I understand and acknowledge that should I be employed.	ed by SGWASA, then I serve "at will". This means that I	
further understand that this "at will" employment relation	nship may not be changed by any written document or b	by conduct unless such change is
specifically approved by SGWASA Executive Director		
SIGNATURE	עח	ATE
~·~····		<del>-</del>

## SUPPLEMENT TO SGWASA EMPLOYMENT APPLICATION

SGWASA is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

NAME:_	Last	First	_	Middle
DATE O	F APPLICATION:_			
II. SEX:	(Please circle)	Male	Female	
III. ETHI	NIC CATEGORY: (	(Please circle)		
Black - C Hispanic or origin Asian or the Pacif	Origins in any of the c - Mexican, Puerto regardless of race. Pacific Islander - ic Islands.	Black racial groups Rican, Cuban, Cer Origins in the Far E	Feurope, North Africa, or the sof Africa. (Not Hispanic) that or South American or East, Southeast Asia, the line any of the original people.	other Spanish Culture
HOW DII	Newspaper (spec Employment Secu Job Line Employment Inter Came to Municipa	ify): urity Commission est Card al Building	ndicate below by placing a o	<u> </u>

#### **DRUG SCREENING**

I. POSITION APPLIED FOR:

All **FINAL** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

#### **OVERTIME COMPENSATION AGREEMENT**

#### SELECTIVE SERVICE REGISTRATION

Name

o 26, have you regist Yes	ered for Selective Service?
Yes	No
	110
30 days to comply if s	selected for a position as required by Federa
HIS FORM MUST BE	<u> SIGNED</u> )
	nd the information contained on this form and have done so truthfully to the best of my
	HIS FORM MUST BE

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Date