

HART COUNTY WATER AND SEWER AUTHORITY  
EMPLOYMENT APPLICATION

Please print and use ink

Date: \_\_\_\_\_

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**I. Personal Information**

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Last name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

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Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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**II. Position**

Position Applying

For: \_\_\_\_\_  
\_\_\_\_\_

Date Available For

Employment: \_\_\_\_\_

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**III. Education**

Name of High School: \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12  
\_\_\_\_\_ GED

Business/Tech School: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 Study \_\_\_\_\_ Course of \_\_\_\_\_

College: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 Study \_\_\_\_\_ Course of \_\_\_\_\_

Graduate School: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 Study \_\_\_\_\_ Course of \_\_\_\_\_

I hereby authorize any school(s) that I attended to release information regarding my education. I hereby release the Authority and said school(s) from liability for any damages in connection with the disclosure of the information. A copy of this authorization shall be deemed an original.

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**IV. General Information**

Have you ever been employed with the Authority?  Y  N  
es o

When? \_\_\_\_\_

Position \_\_\_\_\_

Are you related to anyone currently employed by the Authority  Y  N  
including Board Members? es o

If yes, Relative's Name and  
Relationship \_\_\_\_\_  
\_\_\_\_\_

If you are not a citizen of the United States, can you submit legal verification of your  Y  N  
right to work in the United States? es o

In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all employees. Failure to establish such proof will prohibit or discontinue your employment.

Have you ever been convicted of a felony?  Yes  
 No

If yes, give dates and type of offense(s):  
\_\_\_\_\_

Have you served in the military?  Yes  
 No

If yes, when?  
\_\_\_\_\_

Serial #  
\_\_\_\_\_

Branch of Service  
\_\_\_\_\_

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**V. Employment Record**

List most recent position first

Employer: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_

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Supervisor's name and phone number:

\_\_\_\_\_

Starting wage/salary: \_\_\_\_\_ Ending wage/salary:

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Position:

\_\_\_\_\_

Supervisor's name and phone number:

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the above-named employers to release information regarding my employment. I hereby release the Authority and said employers from liability for and damages in connection with the disclosure of the information. A copy of this authorization shall be deemed an original.

The Authority may contact my present and previous employers(s)

\_\_\_\_\_ Yes \_\_\_\_\_ No

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### Unemployment Record

Account for all periods of unemployment of 4 or more weeks duration for the last 5 years or since you left school.

From: \_\_\_\_\_ to \_\_\_\_\_

State what you were doing during that time:

\_\_\_\_\_



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**VII. Driving Record**

To be completed by all applicants for Authority positions.

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's license # \_\_\_\_\_ Expiration  
Date \_\_\_\_\_

Have you had any traffic violations within the past 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates and types of violation(s)

\_\_\_\_\_

I hereby direct the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release to the Authority an abstract of my driving record for the past 3 years to be reviewed by the Authority in processing my employment application and determining my suitability for hiring.

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Please provide any other information relevant to your qualifications for the position applied for which you feel would increase your value as an employee:

\_\_\_\_\_

\_\_\_\_\_

I understand that a physical examination, including a drug test, will be required if I am employed by the Authority, and that my employment is contingent upon the results of the examination.

I certify that all the information in the application is complete and true to the best of my knowledge. I understand that false information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

Should I be employed by the Authority, I agree to conform to the Authority's policies and procedures, and agree that as an at-will employee, my employment and compensation can be terminated at any time for any or no reason, with or without notice, at the option of either the Authority or myself.

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\_\_\_\_\_ Date \_\_\_\_\_ Applicant's signature

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## CRIMINAL HISTORY CONSENT FORM

The undersigned hereby authorizes the Hart County Sheriff's Department to inquire and receive any criminal history record pertaining to me which may be in the files of any state or local criminal justice agency, and furnish said record to the Hart County Water and Sewer Authority.

\_\_\_\_\_  
Full Name printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_

\_\_\_\_\_  
Sex

Date of Birth

\_\_\_\_\_

\_\_\_\_\_  
Race

Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_

Below to be completed by Hart County Sheriff's Department

- There is NO criminal history record found on this subject
- The criminal history record on this subject is attached

\_\_\_\_\_  
Hart County Sheriff's Department