HART COUNTY WATER AND SEWER AUTHORITY
EMPLOYMENT APPLICATION
DRUG FREE WORKPLACE

Please print and use ink. Date:_____

I. Personal Information

_____

Last name First Middle Initial

_____

Present Address City State Zip Code

_____

Home Phone Cell Phone

II. Position

Position Applying For:_____

Date Available For Employment:_____

III. Education

Name of High School: _____ _____ _____10 _____11 _____12 _____GED

Business/Tech School: _____1 _____2 _____3 _____4 Course of Study_____
College: _____1 _____2 _____3 _____4 Course of Study_____
Graduate School: _____1 _____2 _____3 _____4 Course of Study_____

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.

IV. General Information

Have you ever been employed with the Authority? _____Yes _____No

When? _____ Position_____

Are you related to anyone currently employed by the Authority including Board Members? _____Yes _____No

If yes, Relative's Name and
Relationship_____

If you are not a citizen of the United States, can you submit legal verification of your
right to work in the United States? _____Yes _____No

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? _____

Branch of Service _____

Rank at Discharge_____

Relevant Training Received _____

_____

Relevant Work Experience _____

_____

V. Employment Record

List most recent position first

Employer:_____

Address:_____

From: _____ to _____Position:_____

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: _____

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

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: _____

VII. Driving Record

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.

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.

_____

Date Applicant's signature

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Can you perform all the functions of the job for which you are applying either with or without reasonable accommodation? _____ YES _____ NO

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