



COASTAL WATER AUTHORITY PRE-EMPLOYMENT APPLICATION



CWA is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, color, religion, national origin, veteran status or any disability as provided in the *Americans With Disabilities Act*.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL

Email _____ Date ____/____/____

Name _____ Home Phone (____) _____
Last First Middle Area Code

Present Address _____
No. Street City State Zip

Social Security # _____ Are you over the age of 18? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations), including driving while under the influence of alcohol or drugs? Yes No

If yes, state the offense, location, date and disposition _____

Would you be willing and able to relocate? Yes No

Drivers License: State _____ Type _____ Currently Valid? Yes No

EMPLOYMENT DESIRED

Are you seeking Full-time Part-time Temporary or summer employment?

Position applied for _____ Salary Desired _____

Date available to start _____

Have you ever applied to CWA before? Yes No Have you ever worked for CWA before? Yes No

If the answer to either of the above questions is yes, state when and where you applied and/or worked.

How did you learn of CWA and/or position? _____

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify those

days and hours you would be unable to work _____

EDUCATION

Name, Address and Location	Dates	Graduate?	Courses Studied
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma
Trade School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma

If you did not graduate, why did you leave high school or college? _____

List highest-grade achieved _____

Are you planning to pursue further studies? Yes No If yes, please describe _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training _____

MILITARY

Have you ever served in the military? Yes No Did you receive an Honorable Discharge? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

CAPABILITY/RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, please explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules of regulations? Yes No

If yes, please explain _____

How many days of work or school have you missed in the last two years? _____

How many times have you been late for work or school in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent bases? Yes No

If no please explain _____

Are you willing and able to work shift work? Yes No Are you willing and able to work at any CWA location? Yes No

Are you willing to take an industrial type physical that includes drug, alcohol and HIV tests? Yes No

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firms name and supply business references.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME.

Name of Employer	Name and Title of Last Supervisor	Dates Employed	Pay
Address			
City, State, Zip Code			
Telephone Area Code () Nature of Business			
Title		From: Mo. ____ Year ____	Starting \$ _____
		To: Mo. ____ Year ____	Ending \$ _____
Duties	Reason for Leaving		
Name of Employer	Name and Title of Last Supervisor	Dates Employed	Pay
Address			
City, State, Zip Code			
Telephone Area Code () Nature of Business			
Title		From: Mo. ____ Year ____	Starting \$ _____
		To: Mo. ____ Year ____	Ending \$ _____
Duties	Reason for Leaving		
Name of Employer	Name and Title of Last Supervisor	Dates Employed	Pay
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City, State, Zip Code			
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		To: Mo. ____ Year ____	Ending \$ _____
Duties	Reason for Leaving		
Name of Employer	Name and Title of Last Supervisor	Dates Employed	Pay
Address			
City, State, Zip Code			
Telephone Area Code () Nature of Business			
Title		From: Mo. ____ Year ____	Starting \$ _____
		To: Mo. ____ Year ____	Ending \$ _____
Duties	Reason for Leaving		

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) below: (For reference checking purposes)

Name _____ @ Company _____ Name _____ @ Company _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever been fired, or asked to resign, from a job? Yes No

If yes, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If yes, please explain _____

SPECIAL SKILLS

Do you type? Yes No Words Per Minute _____

Have you had any computer or word processing experience or training? Yes No

If yes, please describe _____

Do you have any skill, license or certification? Yes No

If yes, please describe _____

Use this space below to describe why you are interested in working for CWA and list those skills and abilities that you feel particularly qualify you for a position with us.

REFERENCES

Give three references, not relatives or former employers.

Table with 4 columns: Name, Address, Phone, Occupation. Three empty rows for data entry.

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions if any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I hereby authorize CWA to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. I agree that, if I am employed, I will abide by all the rules and regulations of CWA. I understand that the taking of drug and alcohol tests, when given pursuant to CWA policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in CWA is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Executive Director. I also understand that my employment is "at-will" and may be terminated by myself or by CWA at any time for any reason at all, with or without prior notice.

Signature _____ Date ____/____/____

CWA USE ONLY

Interviewed by: _____

Interviewer's remarks: _____

Is the operation of a CWA vehicle a job requirement? Yes No

If yes to the above, has a request for driver's license been made? Yes No