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CHEROKEE COUNTY WATER AND SEWERAGE AUTHORITY



P. O. Box 5000
140 West Main Street
Canton, GA 30114
(770) 479-1813

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer, E-Verify Compliant, and Drug-Free Workplace.
We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability.

Personal Data

Date: ____/____/____

Full Legal Name: _____ Previous Name: _____

Permanent address: _____

How long have you resided at the above address? _____ Years Months

If less than one year, please provide your prior address:

Cell (Daytime) Phone: _____ Home Phone: _____

Driver's license number: _____ Type/Class: _____

Job Interest

Position(s) applied for: _____

Salary requirement: \$ _____

Are you legally permitted to work in the United States of America? Yes No

Are you above the minimum working age of 16? Yes No

Are you currently employed? Yes No

Have you ever been fired or asked to resign? Yes No If yes, please explain:

Have you applied for a position with us before? Yes No

Have you ever been employed by us before? Yes No

Indicate desired status: Full Time Part Time

Indicate time available to work: Days Shift Work (Days And/Or Nights)

Date available to start: ____/____/____ Referral source: _____

Bona-Fide Occupational Qualification (B. F. O. Q.) Questions

Are you currently certified as any of the following?

Waste-Water Plant Operator: Yes No Class: _____ Certification#: _____

Water-Treatment Plant Operator: Yes No Class: _____ Certification#: _____

Waste-Water Lab Analyst: Yes No Certification#: _____

Water-Treatment Lab Analyst: Yes No Certification#: _____

Collection Systems Operator: Yes No Certification #: _____

Water Distribution Operator: Yes No Certification #: _____

Have you ever had your certification revoked? Yes No

Have you ever been arrested? Yes No

If yes, what charge(s)? _____

Date of arrest(s): ____/____/____ Where? _____

Explain: _____

Have you ever been convicted of a felony? Yes No

If yes, what charge(s)? _____

Date of conviction(s): ____/____/____ Where? _____

Explain: _____

(A positive response to either of the above two questions is not an automatic bar to employment with the CCWSA. The offense, for which the person was *convicted*, in relation to the position to which they have applied, will be considered).

- ❖ All CCWSA positions have the potential to require operation of a Water Authority vehicle at some point in time. Therefore, it is necessary to secure a seven (7) year motor vehicle history. Your signature in the space below represents authorization and acknowledgement that the Water Authority has the right to secure, or require you to secure, your seven (7) year motor vehicle history prior to a job offer, or at any point in time during your employment with the CCWSA, if hired. The Water Authority will keep your motor vehicle history report strictly confidential.

Signature: _____ Date: ____/____/____

- ❖ All CCWSA positions require the verification of a legally stable individual. In addition, certification as a wastewater or water treatment operator, a wastewater or water treatment lab analyst, as well as many other certifications prohibit anyone with a felony conviction from being certified (O.C.G.A. S43-1-19). Your signature in the space below represents authorization and acknowledgement that the Water Authority has the right to secure, or require you to secure your criminal history prior to a job offer, or at any point in time during your employment with the CCWSA, if hired. The Water Authority will keep your criminal history report strictly confidential.

Signature: _____ Date: ____/____/____

- ❖ If the position applied for requires the verification of a financially stable individual, (one that handles money, etc.) it may be necessary to secure a personal credit report. Your signature in the space below represents authorization and acknowledgement that the Water Authority has the right to secure, or require you to secure, your personal credit report, from more than one source, prior to a job offer, or at any point in time during your employment with the CCWSA, if hired. The Water Authority will keep your personal credit report strictly confidential.

Signature: _____ Date: ____/____/____

- ❖ If certified, your signature in the space below represents authorization and acknowledgement that the Water Authority has the right to secure, or require you to secure, your certification history prior to a job offer, or at any point in time during your employment with the CCWSA, if hired.

Signature: _____ Date: ____/____/____

Physical Record

If offered a job, you will be required to submit to a pre-employment physical and drug test.

Do you have any physical limitation that may impact or preclude you from performing any work for which you are being considered? Yes No

If yes, what accommodation might you require? _____

Check (X) the following tasks that you can perform:
(These tasks may be bona-fide occupational qualifications (BFOQs) depending upon job duties).

Stand_____ Walk_____ Squat_____ Bend_____ Lift_____ Climb Stairs_____

Sit_____ Read_____ Write_____ Talk On The Telephone_____ Drive_____

Education

The CCWSA, striving to support education, necessitates applicants to hold a high school diploma or G.E.D., except under special “apprenticeship” (part-time) circumstances.

Type	Name and Location	Years Attended	Status / Type Of Degree Received
High School			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:
College			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Degree(s):
University			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Degree(s):
Business, Trade, Technical, Military Service			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Degree(s)/Certificate(s):
Other (Special Studies/GED)			Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Do you speak a foreign language? Yes No If yes, what language(s)?

What skills or additional training do you have that is related to the job for which you are applying?

Employment History**List previous employers beginning with most recent.**

❖ Company Name: _____ Business Type: _____
 Address: _____ Phone Number: _____
 Supervisor: _____ Supervisor Title: _____
 Position: _____ Full Time Part Time Temporary
 Employment Dates (mm/yyyy): From ___/___/___ To ___/___/___ May we contact? Yes No
 Ending wage\salary: _____ Reason for leaving: _____

❖ Company Name: _____ Business Type: _____
 Address: _____ Phone Number: _____
 Supervisor: _____ Supervisor Title: _____
 Position: _____ Full Time Part Time Temporary
 Employment Dates (mm/yyyy): From ___/___/___ To ___/___/___ May we contact? Yes No
 Ending wage\salary: _____ Reason for leaving: _____

❖ Company Name: _____ Business Type: _____
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❖ Company Name: _____ Business Type: _____
 Address: _____ Phone Number: _____
 Supervisor: _____ Supervisor Title: _____
 Position: _____ Full Time Part Time Temporary
 Employment Dates (mm/yyyy): From ___/___/___ To ___/___/___ May we contact? Yes No
 Ending wage\salary: _____ Reason for leaving: _____

Professional References

Please list three (3) **professional** references below. *These should be persons not related to you, whom you have known for at least one (1) year.*

Name	Company and Title	Address	Business /Home Telephone

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING!

- ❖ I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSE INFORMATION, OR OMISSION IS CAUSE FOR IMMEDIATE DISQUALIFICATION OF CONSIDERATION AND WILL RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.
- ❖ I AUTHORIZE AND AGREE TO COOPERATE IN A THOROUGH INVESTIGATION OF ALL STATEMENTS MADE HEREIN AND OTHER MATTERS RELATING TO MY BACKGROUND AND QUALIFICATIONS. I UNDERSTAND THAT ANY INVESTIGATION CONDUCTED MAY INCLUDE A REQUEST FOR EMPLOYMENT AND EDUCATIONAL HISTORY, CREDIT REPORTS, CONSUMER REPORTS, INVESTIGATIVE CONSUMER REPORTS, CERTIFICATION HISTORY, MOTOR VEHICLE REPORTS, AND CRIMINAL HISTORY REPORTS, AS WELL AS ANY OTHER INFORMATION NEEDED BY THE CCWSA. I AUTHORIZE ANY PERSON, SCHOOL, CURRENT AND FORMER EMPLOYER, CONSUMER REPORTING AGENCY, AND ANY OTHER ORGANIZATION OR ENTITY TO PROVIDE INFORMATION RELEVANT TO SUCH INVESTIGATION AND HEREBY RELEASE ALL PERSONS AND ENTITIES REQUESTING OR SUPPLYING INFORMATION PUSUANT TO SUCH INVESTIGATION FROM ALL LIABILITY OR RESPONSIBILITY TO ME FOR DOING SO. I FURTHER AUTHORIZE ANY PHYSICIAN OR HOSPITAL TO RELEASE ANY INFORMATION WHICH MAY BE NECESSARY TO DETERMINE MY ABILITY TO PERFORM THE JOB FOR WHICH I AM BEING CONSIDERED OR ANY FUTURE JOB, IN THE EVENT THAT I AM HIRED.
- ❖ I UNDERSTAND THAT CONTINUOUS COMPLIANCE WITH THE CCWSA'S PERSONNEL POLICIES IS A CONDITION OF MY EMPLOYMENT.
- ❖ I UNDERSTAND THAT I WILL BE REQUIRED TO SUCCESSFULLY PASS A DRUG-SCREENING EXAMINATION AND PHYSICAL. I HEREBY CONSENT TO A PRE- AND/OR POST-EMPLOYMENT PHYSICAL AND DRUG-SCREENING AS A CONDITION OF MY EMPLOYMENT. *I UNDERSTAND THAT THE CCWSA IS AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG-FREE WORKPLACE.*
- ❖ **FURTHER, I UNDERSTAND AND AGREE THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE CCWSA AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE.**
- ❖ I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

Applicant Signature: _____ Date: ____/____/____

This application for employment will remain active for a limited time, except in the event that you are hired.

- ❖ **PLEASE SEND ALL ORIGINAL APPLICATIONS TO THE HUMAN RESOURCES DEPARTMENT.**