



DOUGLASVILLE-DOUGLAS COUNTY WATER AND SEWER AUTHORITY

P.O. Box 1157 | Douglasville | Georgia | 30133

APPLICATION FOR EMPLOYMENT

NOTICE TO ALL APPLICANTS: We do pre-employment drug testing as well as random testing for people in the following positions:

1. Those who drive Authority vehicles or who drive their personal vehicles on Authority business.
2. Those who operate heavy equipment.
3. Those who operate a water or wastewater treatment plant or lab.

"I understand that before employment I may be required to undergo drug and alcohol tests by a physician or laboratory designated by this employer. If offered employment, I realize that future drug and alcohol screening may be required of me. I agree to such testing and to cooperate fully with the physician or laboratory. I hold my employer harmless from any and all liability that may arise out of such drug and alcohol testing."

Signature of Applicant: _____ Date: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status. It is also our policy to reasonably accommodate the religious needs and disabilities of qualified applicants and employees. If you need assistance in completing this application, please notify our Human Resources Department.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Position(s) Applied For: _____

Date of Application: _____ Rate of Pay Expected: _____

Last Name: _____ First Name: _____ Middle Name: _____

Full Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____



WATER. ENVIRONMENT. COMMUNITY.
WWW.DDCWSA.COM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes: _ No: _

Have you ever been employed with us before? Yes: _ No: _

Are you related to anyone who works for WSA? Yes: _ No: _

If yes, who? _____

Are you prevented from becoming employed in this country because of Visa or Immigration Status? Yes: _ No: _

Proof of citizenship or immigration status will be required within three (3) days of employment.

On what date would you be available to begin work? _____

Have you ever been convicted of a felony? Yes: _ No: _

Conviction will not necessarily disqualify an applicant from employment. Factors such as age at the time of the offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.

If yes, please explain: _____

Have you ever been discharged from employment due to a violation of company policy or situation involving dishonesty? Yes: _ No: _

A "yes" response will not automatically disqualify you from employment.

If yes, please explain: _____

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

If yes, classification: _____ What state? _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Account for periods of unemployment.

* Employer: _____ Dates Employed: _____

Full Address: _____

Telephone Number(s): _____ Supervisor: _____

Hourly Rates/Salary: _____ (Starting) _____ (Final)

Job Title: _____ Reason for Leaving: _____

Work Performed: _____

* Employer: _____ Dates Employed: _____

Full Address: _____

Telephone Number(s): _____ Supervisor: _____

Hourly Rates/Salary: _____ (Starting) _____ (Final)

Job Title: _____ Reason for Leaving: _____

Work Performed: _____

* Employer: _____ Dates Employed: _____

Full Address: _____

Telephone Number(s): _____ Supervisor: _____

Hourly Rates/Salary: _____ (Starting) _____ (Final)

Job Title: _____ Reason for Leaving: _____

Work Performed: _____

* Employer: _____ Dates Employed: _____

Full Address: _____

Telephone Number(s): _____ Supervisor: _____

Hourly Rates/Salary: _____ (Starting) _____ (Final)

Job Title: _____ Reason for Leaving: _____

Work Performed: _____

I hereby [___(grant)/___(deny)] permission to the Douglasville-Douglas County Water and Sewer Authority to process reference checks with the above-referenced employees, and save harmless both the Douglasville-Douglas County Water and Sewer Authority, its agent and any of my employers if said information is instrumental in my not being hired for a position with the Douglasville-Douglas County Water and Sewer Authority.

Signature of Applicant: _____

EDUCATIONAL BACKGROUND

Type of School	Name & Location	How Many Years Attended?	Graduated (Yes or No)	Diploma or Degree
High School				
Undergraduate/College				
Postgraduate				
Business/Trade				
Other (specify)				

ADDITIONAL INFORMATION

Describe any job-related training received in the United States military. _____

Other qualifications: summarize special job-related skills and qualifications acquired from employment or other experience. _____

State any additional information you feel may be helpful to us in considering your application. _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT OR READ IN THE JOB DESCRIPTION THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

A description of the activities involved in such job or occupation is posted in the front lobby of the Administration Building. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes: __ No: __

REFERENCES (excluding former employers or relatives)

* Name and Occupation: _____

Full Address: _____

Phone Number: _____

* Name and Occupation: _____

Full Address: _____

Phone Number: _____

* Name and Occupation: _____

Full Address: _____

Phone Number: _____

APPLICANT'S STATEMENT

please read carefully

I certify that **answers given herein are true and complete** to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that unless otherwise defined by applicable law, **any employment relationship with this organization is of an "At Will" nature, which means that either the Employer or the Employee may end the relationship at any time and for any reason not prohibited by law.** It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that **any false or misleading information given in my application or interview(s) may result in my discharge** regardless of when the false or misleading information is discovered.

I also understand that I am required to abide by *all* rules and regulations of the employer.

Signature of Applicant: _____ Date: _____