



# 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 \$ _____
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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. Contains 3 empty rows for reference 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