

## Application for Employment

Position Applied for:		Applicati	on Date:
Applicant Information			
First Name:	_ Middle Initial:	_ Last Name:	
Street Address:			
City, State, and Zip:			
Phone Number:	Email Addre	ess:	
General Information			
Have you ever been employed with C	leveland County Water?	□ Yes □	No
If yes, list dates of service and	department:		
Are you related by blood or marriage t	o any CCW employee o	r commissioner?	☐ Yes ☐ No
If yes, give name, relationship	and department:		
Are/were you a member of the U.S. Ar	med Forces?	es 🗆 No	
If yes, please provide the brand	ch of service:		
Have you ever been convicted of or pl	led guilty to a crime?	□ Yes □	l No
If yes, please explain each contype(s) of rehabilitation (if any). Please		• •	

 $\textbf{Note:} \ A \ conviction \ will \ not \ automatically \ bar \ you \ from \ employment.$ 

Education				
High School Name:		City/State:		
Did you graduate? 🗌 Yes	s $\square$ No <i>If no, do you</i>	have a High School Equivalency	(GED)? ☐ Yes ☐ No	
Additional Education	Name	City and State	Degree/Certification Received	
College or				
University Graduate or				
Professional				
Other Education				
you are applying.				
Employment History				
Attach additional sheets as	s needed. Be sure to ac	below. Begin with your current or me ccount for gaps in your employment . Related volunteer experience shou	history. Please complete the	
Current or Most Recent	Employment			
Job Title:		From	_// To//	
Employer or Company:			Phone #:	
Address:				
Supervisor name and titl	e:			
☐ Full-Time ☐ Part-Tim	ne If part time, please	e provide the number of hours wo	rked per week	
Duties:				
Reason for leaving:				
If currently employed, ma	ay we contact? □ Y∈	es 🗆 No		

## **Next Most Recent Employment** Job Title: From / / To / / Employer or Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: Supervisor name and title: \_\_\_\_\_ ☐ Full-Time ☐ Part-Time If part time, please provide the number of hours worked per week Reason for leaving: \_\_\_\_\_ **Next Most Recent Employment** Job Title: From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Employer or Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: Supervisor name and title: ☐ Full-Time ☐ Part-Time If part time, please provide the number of hours worked per week \_\_\_\_\_ Duties: Reason for leaving: \_\_\_\_\_ References Please provide names and contact information for three (3) people who are not related to you and who have a definite knowledge of your ability to perform the job for which you are applying. Do not repeat the names of supervisors included in your employment history above. Name: \_\_\_\_\_ Phone #: Email Address: Phone #: Name: Email Address: Phone #: Name:

Email Address:

## **Read Carefully before Submitting**

I certify that all answers and statements on this application are true and complete. I understand that any falsification, omission, or misrepresentation of facts in this application, in connection with any aspect of the hiring process, will be cause for either the rejection of this application or for my discharge if I have been hired.

I understand that my employment may be contingent upon my passing a physical examination. I also understand that future examinations may be required by Cleveland County Water. I am aware that Cleveland County Water requires screening for drugs as part of its pre-employment testing and that I may be required to take future examinations for drugs and/or alcohol, in accordance with Cleveland County Water policy.

I authorize Cleveland County Water to make any inquiry or investigation deemed necessary to consider my employment application. This may include contacting former employers and criminal records check. I understand that conviction of a crime will not automatically bar my employment. I may still be eligible for employment if Cleveland County Water determines my conviction could have no bearing to the job for which I am applying.

I authorize former employers and schools to release all information Cleveland County Water requests from them concerning my academic records, job performance, attendance, personal evaluation, or other related information. I release all parties which may provide information regarding my application from liability and/or damages.

If my employment with Cleveland County Water terminates for any reason, I authorize Cleveland County Water to release all information and to answer any inquiries regarding my employment, performance, and the reasons for my termination.

I understand that if I am employed my employment will include a probationary period. During and after the probationary period my employment is "at will;" it can be terminated at any time by me or Cleveland County Water. I also understand that the terms, policies, procedures, and rules of employment are not guaranteed. They are subject to change at any time by Cleveland County Water.

Although I may be employed for a specific work schedule, I understand Cleveland County Water does not guarantee my work schedule and may alter it as necessary.

I understand this application is current for only the specified job I am applying for. I will complete a new application should I not be hired for the applied for position if future job opportunities become available that I may be interested in.

Signature	Date