

West Carteret Water Corporation Application for Employment

OFFICE USE
APPLICATION EXPIRATION _____
EXTENSION EXPIRATION _____

WCWC is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please print and complete entire application to be considered. Resumes can be attached:

Position(s) Applied For (Check all that apply)			Application Date
Plant/Well Operation	Field Technician	Meter Reader	
Administrative/Billing Office	Advertised Opening		
Referred By (If Applicable)			

Last Name	First Name	Middle Name
Complete Mailing Address (If PO Box, please indicate street address below)		
Complete Street Address (If different from mailing address above)		
Telephone Numbers/Email Address		
Mobile	Email Address	
Do you receive text messages: Yes	No	
Social Security Number _____	If hired, your date of birth must be supplied for the purpose of verifying your driving record.	
Drivers License Number _____	State _____	Violations? () No () Yes – Explain Below
Violation Date(s)/Description _____		
Number of Points on License, if any		

Select One

- Are you under the age of 18? (If so, proof of eligibility to work must be provided.) Yes No
- Have you ever filed an application with us before? Yes No
- Have you ever been employed with us before? Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment.) Yes No
- On what date would you be eligible to work? _____
- Are you available to work (check all that apply): () Full Time () Part Time () Temporary () Shift Hours
- Are you currently on "lay-off" status and subject to recall? Yes No
- Periodically, this job requires limited travel for educational purposes. Can you travel if needed? Yes No
- Have you been convicted of a felony within the last 7 years? Yes No
- If Yes, please explain: _____

EDUCATION AND SKILLS

School/Other	Name & Address of School	Course of Study or Special Training	Years Completed	Diploma or Degree Acquired
Elementary School				
High School				
College				
Other Including Licensing, and Speciality Schools				

Describe any specialized water training, military training, apprenticeship, skills, licenses and extra curricular activities that you believe will be helpful in this job position.

Specialized Skills (Check all that apply)		
<p><i>Hardware</i></p> <p><input type="checkbox"/> Computer</p> <p><input type="checkbox"/> Calculator</p> <p><input type="checkbox"/> Fax Machine</p> <p><input type="checkbox"/> Multi-line Phone System</p> <p><input type="checkbox"/> GPS Equipment</p> <p><input type="checkbox"/> SCADA</p>	<p><i>Computer Software</i></p> <p><input type="checkbox"/> Microsoft Word</p> <p><input type="checkbox"/> Microsoft Excel</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p><i>Machinery/Tools</i></p> <p><input type="checkbox"/> Backhoe</p> <p><input type="checkbox"/> Heavy Truck</p> <p><input type="checkbox"/> Fork Lift</p> <p><input type="checkbox"/> Road Boring Equipment</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>

PERSONAL REFERENCES (Please do not include family members):

Name	Phone Number
1.	
2.	
3.	

EMPLOYMENT EXPERIENCE *(Lapses in dates due to unemployment should be noted)*

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

APPLICANT'S STATEMENT

Note to Applicant: Do not answer this question unless you have been provided with a job description or informed about the requirements of the job for which you are applying.

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
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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.

This application for employment shall be considered active for at least 60 days. Any applicant wishing to be considered for employment beyond this time period of time should notify the General Manager prior to expiration of this application. The application may be extended for a period of up to 4 additional months.

I hereby 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 the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. 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 per instructions from the Board of Directors.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the Employee Handbook of the employer.

Signature

Date

To submit your application, please either save and email a copy to lisa.smithperri@wccw.biz or print and deliver to our office at 4102 Hwy 24, Newport, NC 28570. Our office hours are Monday to Friday 8:30 am to 4:30 pm; however, if you visit our office outside of operating hours, you can place your application in an envelope and deposit in our after-hours drop box.

FOR OFFICE USE ONLY			
NOTES:			
ARRANGE INTERVIEW:	YES	NO	

INTERVIEWER'S NOTES:			
EMPLOYED:	NO	YES	IF YES, DATE OF EMPLOYMENT _____
JOB TITLE	_____	BEGINNING SALARY	_____
BY	_____		_____
NAME & TITLE			DATE