

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:

Position(s) Applied For (Circle all that apply)	Application Date
Plant/Well Operation <input type="checkbox"/> Field Technician <input type="checkbox"/> Meter Reader <input type="checkbox"/>	
Administrative/Billing Office <input type="checkbox"/> Other _____ <input type="checkbox"/>	
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		
Home () - Other () -		
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 _____		

Circle Answer

- 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 (Specify)				

Describe any specialized 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)

<i>Hardware</i>	<i>Computer Software</i>	<i>Machinery/Tools</i>
<input type="checkbox"/> Computer	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Backhoe
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Heavy Truck
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	<input type="checkbox"/> Other _____
<input type="checkbox"/> Word Processor	<input type="checkbox"/> Lotus 1-2-3	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> PBX System (Phones)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

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

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