



GREEN VALLEY COUNTY WATER DISTRICT

APPLICATION FOR EMPLOYMENT

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.

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
☐ I have no preference.	☐ Mon.	☐ Tues.	☐ Wed.	☐ Thurs.	☐ Fri.	☐ Sat.	☐ Sun.
I am seeking a:		☐ Full-time job		☐ Part-time job		☐ Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						☐ Yes	☐ No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						☐ Yes	☐ No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						☐ Yes	☐ No
If Yes, please explain:							
Do you have a driver's license? ☐ Yes ☐ No				Driver's license number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

Education				
School	Location	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				
Military				
Have you even been in the Armed Forces?		☐ Yes	☐ No	Date entered
Are you now a member of the National Guard?		☐ Yes	☐ No	Discharge date
Specialty				
References				
<i>Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and and former employers</i>				
1.				
2.				
3.				
Hobbies/Volunteer Work				

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List duties performed: May we contact this employer? ☐ Yes ☐ No		

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List duties performed: May we contact this employer? ☐ Yes ☐ No		

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)	May we contact this employer? ☐ Yes ☐ No	
List duties performed:		

Note to Applicants: Do not answer this question unless you have been 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? A review of the activities involved in such a job or occupation has been given. _____YES _____NO

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Applicant's Signature

Date

Applicant Drug and Alcohol Testing
Consent Agreement

As a prerequisite to employment, I hereby agree to allow the Green Valley County Water District to collect urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorize Green Valley County Water District management for appropriate review.
I understand that the results of the drug/alcohol testing of my urine, for a period of three months, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by the Green Valley County Water District, I must abide by their terms of The Green Valley County Water Districts Drug and Alcohol Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in the Green Valley County Water District policy. I understand that submission to such testing is a condition of employment with the Green Valley County Water District and disciplinary action, up to and including termination, may result for violating the Green Valley County Water Districts Drug and Alcohol Policy.

I hereby consent to the administration of the drug and alcohol test to the terms and conditions of the Consent Agreement.

Applicant's Signature

Date

Social Security Number _____

Witness's Signature

I hereby refuse the drug and alcohol detection urine test.

Applicant's Signature

Social Security Number _____

Witness's Signature

Date