

**BYRON-GAINES UTILITY AUTHORITY
APPLICATION FOR EMPLOYMENT**

Thank you for considering employment with us. Please complete this Employment Application to give us information regarding your job interest and qualifications.

As an Equal Opportunity Employer, we base employment decisions on job-related information and do not discriminate because of race, color, religion, sex, age, national origin, marital status, height, handicap, veteran status or other status protected by law.

NAME _____
(Last) (First) (Middle)

ADDRESS _____ TELEPHONE NO. (____) _____

CITY _____ STATE _____ ZIP _____

POSITION APPLIED FOR _____ EMAIL _____

FULL TIME _____ PART TIME _____

WHEN CAN YOU BEGIN WORK? _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____

HAVE YOU SUBMITTED AN APPLICATION HERE BEFORE? YES _____ NO _____

If Yes, when? _____

DO YOU LIVE WITHIN 30 MILES OF THE BGUA MAIN OFFICE? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____

(Proof of citizenship or immigration status will be required upon employment.)

CAN YOU TRAVEL IF REQUIRED? YES _____ NO _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR?* YES _____ NO _____

If Yes, please explain: _____

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

DO YOU HAVE FRIENDS OR RELATIVES WORKING FOR THE AUTHORITY? YES _____ NO _____

If yes, please name: _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

AVAILABILITY RECORD

PRIMARY POSITION DESIRED? _____

WOULD YOU ACCEPT ANOTHER POSITION? YES _____ NO _____

If so, what? _____

DO YOU HAVE RESPONSIBILITIES THAT WOULD LIMIT YOUR AVAILABILITY?

YES _____ NO _____ If yes, explain: _____

MILITARY SERVICE/OBLIGATIONS

HAVE YOU EVER BEEN IN THE U.S. ARMED FORCES? YES _____ NO _____

WHAT IS YOUR PRESENT SELECTIVE SERVICE CLASSIFICATION? _____

ARE YOU PRESENTLY A MEMBER OF RESERVES OR NATIONAL GUARD? YES _____ NO _____

If so, when is your enlistment up? _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

<u>Type</u>	<u>Organization or State Issued</u>	<u>Date Issued</u>	<u>Number</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

Beginning with your current, or last employer, list the past 3 full-time or part-time positions.

1. _____
Company name

Address

Position

Supervisor
(_____) _____
Telephone Number

Employed (State Month and Year)
From _____ To _____

Weekly Pay
Start _____ Last _____

Reason for Leaving: _____

2. _____
Company name

Address

Position

Supervisor
(_____) _____
Telephone Number

Employed (State Month and Year)
From _____ To _____

Weekly Pay
Start _____ Last _____

Reason for Leaving: _____

3. _____
Company name

Address

Position

Supervisor
(_____) _____
Telephone Number

Employed (State Month and Year)
From _____ To _____

Weekly Pay
Start _____ Last _____

Reason for Leaving: _____

PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT: _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 13 14 15 16

SCHOLASTIC HONORS RECEIVED: _____

	Name of School	Location (City & State)	Courses Taken	Diploma
High School				
College				
Vocational or Business				

List Professional, trade, business or civic activities and offices held.

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HONORS RECEIVED, VOLUNTEER OR COMMUNITY SERVICE, OR OTHER QUALIFICATIONS YOU HAVE THAT YOU FEEL ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

REFERENCES

Please list persons not related to you, whom we may contact who know your qualifications. (Business associates, supervisors, or faculty members under whom you studied.)

Name and Address	Phone No./ Occupation	Relationship	Years Known

PRE-EMPLOYMENT STATEMENT / READ CAREFULLY BEFORE SIGNING

I understand that submission of this application does not assure that I will be employed. I certify that the statements made by me in this application are true and complete. I understand that any false statement or misstatement on this application may cause rejection of the application, or dismissal if such false statement or misstatement is discovered subsequent to employment. I understand that before an offer of employment is extended I may have to pass a drug and alcohol test.

I understand that the information in this application will be used by the Authority, and my current and previous employers and others may be contacted, to make an inquiry concerning my personal, employment, financial, educational, and medical history and other matters related to employment. I request my current and previous employers, educational institutions, credit reporting services and medical providers to answer any inquiry and to provide any requested information contained in any employment, credit, medical or educational records or files relating to me. I hereby release and agree to hold harmless the Authority and my current and previous employers, educational institutions, credit reporting services, and medical providers (and their agents and employees) from any and all claims arising in any way from their cooperation in any inquiry or investigation about me, and I waive my right to receive any notice concerning any disclosures made as a part of such inquiry or investigation. I also release and agree to hold harmless the Authority and the medical/technical testing agencies (and their agents and employees) from any and all claims arising in any way from their administration or use of results of tests from physical examination of me, including any laboratory tests (including test for drugs and alcohol), and I authorize the medical/testing agencies conducting the examination and/or tests to report the results thereof to the company, its agents and employees.

I understand that my employment shall be on such terms and conditions as the Authority may determine and change from time to time and is based upon the requirement that employees become familiar with and abide by the rules, regulations, policies and procedures of the Authority as may be established and changed from time to time. Such employment is at will and, therefore, can be terminated by the Authority at any time, with or without cause and with or without notice, regardless of any contrary provisions in any other forms, manuals, handbooks, etc. I understand that no one except the Commission of the Authority has any authority to enter into any agreement for employment on other than a "terminable at will" basis, and that no such agreement shall be effective or binding unless it is individually addressed to me in writing and authorized by a resolution of the Commission of the Authority. I further agree that any action or suit against the Authority arising out of any employment or termination must be brought within 180 days of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

I acknowledge that I have read and understand the forgoing disclosures, waivers, releases and agreements.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

If you are not hired, this application will remain active for a period of sixty (60) days from the date of completion. Should you wish to reactivate or amend your application at the end of this sixty (60) day period, please notify the Authority office in writing prior to that time.