

Original

SINCLAIR WATER AUTHORITY
126 Cay Drive
Milledgeville, GA 31061

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Date _____

1. Name: _____
(Last) (First) (Middle)
2. Address: _____
(No. and Street or P. O. Box) (City) (State) (Zip)
3. Phone # (_____) _____ Social Security # _____
(Area) (Number)
4. Positions A. _____ Salary Expected \$ _____
or Job
Applied for B. _____ Salary Expected \$ _____
5. How did you learn about this position? _____
6. Are you applying for part-time _____ or full-time _____ work.
7. Have you been employed with us before? Yes _____ No _____
8. If hired, when will you be available for work? _____
9. Are you a veteran? Yes _____ No _____ National Guard? Yes _____ No _____
10. List special qualifications and/or skills that would qualify you for the position(s) for which you have applied (including typing wpm, shorthand, skills with machines and equipment, type of machines and equipment, etc.):

11. Do you have any physical handicap, disease, limitations or other disability which should be considered in assigning you this position?
Yes _____ No _____

PERSONAL REFERENCES
(No Relatives, Please)

	Name	Address	Phone #	Years Known
A.				
B.				
C.				

EDUCATON AND TRAINING

Circle the highest grade completed:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Grade								High School				College				

Type of school	Name and Location of School	Graduated	Type of Diploma or Degree	Major Field of Study
High School		Yes___ No___		
Vocational or Technical School		Yes___ No___		
College or University		Yes___ No___		

EMPLOYMENT HISTORY
(List in order, last or present employer first)

A. Employer Address _____

From _____ to _____ Supervisor's Name _____

Position held _____ Salary: Starting \$ _____ Ending \$ _____

Major work duties and responsibilities _____

Reason for leaving: _____

B. Employer Address _____
From _____ to _____ Supervisor's Name _____
Position held _____ Salary: Starting \$ _____ Ending \$ _____
Major work duties and responsibilities _____
Reason for leaving: _____

C. Employer Address _____
From _____ to _____ Supervisor's Name _____
Position held _____ Salary: Starting \$ _____ Ending \$ _____
Major work duties and responsibilities _____
Reason for leaving: _____

(If applicable, please list on another sheet of paper other jobs you have held and attach to application.)

12. May we contact any of the above employers? Yes _____ No _____

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentations, I will be subject to immediate dismissal.

Date _____ Signature _____

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AFFIRMATIVE ACTION QUESTIONNAIRE

INSTRUCTIONS: Each applicant for employment is requested to provide the following information for affirmative action reporting purposes. It will be detached when your application is filed and the information on it will not be considered in the employment process.

1. ETHNIC/RACIAL STATUS (Please check one)

- a. _____ Caucasian (White)
- b. _____ Negro (Black)
- c. _____ Spanish Surnamed
- d. _____ American Indian
- e. _____ Oriental/Asian
- f. _____ Other _____

2. SEX

- a. _____ Male b. _____ Female

3. AGE

Date of Birth _____
(Month) (Day) (Year)

4. HANDICAPPED STATUS (Please check one)

- a. _____ Not Applicable
- b. _____ Visually Handicapped
- c. _____ Hearing Impairment
- d. _____ American Indian
- e. _____ Other _____

4. HOW DID YOU HEAR ABOUT TIS JOB? (Please check all that apply)

- a. _____ Local Newspaper
- b. _____ State Employment Agency
- c. _____ Radio Announcement
- d. _____ Professional Publication
- e. _____ Current Employee
- f. _____ Minority Organization
- g. _____ City/County Job Announcement
- h. _____ Word of Mouth
- i. _____ Other _____

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