

APPLICATION FOR EMPLOYMENT



To help us learn about your experience, abilities and interests, please prepare this Application thoroughly and accurately. Your "Application for Employment" is used for making referrals to those NRWASA departments filling job openings. It can be officially considered by NRWASA after you have completed and submitted the original of the Application and the attached "Application Log" to NRWASA. If you forget to complete some part of this application, it will be returned to you for completion.

NRWASA

P.O. Box 6277

Kinston, N.C. 28501

NRWASA is an Equal Opportunity/Affirmative Action Employer and does not discriminate in employment on the basis of race, color, religion, age, sex, national origin or disability.

APPLICANT LOG

NRWASA is an Equal Opportunity/Affirmative Action Employer. The Federal Government requires us to collect and be able to produce data pertaining to each applicant's sex, ethnic background, citizenship and veteran status. Please complete the following Applicant Log information. In keeping with the NRWASA status as an Equal Opportunity/Affirmative Action Employer, this information will not be used in making any decision affecting employment or any personnel action following employment. The following information is requested for record keeping purposes.

| | | | | |
|--|---|-------------------|--|----------------------|
| Position Applied For | Last Name | First Name | Middle Initial | Phone Number |
| Address | City | State | Zip Code | Date of Birth |
| E-mail Address: | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Social Security No. | |
| ETHNIC BACKGROUND | | | VETERAN | |
| <input type="checkbox"/> White: Origins in Europe, North Africa, or the Middle East. <input type="checkbox"/> Black: Origins in any of the black racial groups. <input type="checkbox"/> American Indian or Alaskan Native; Origins in the original Peoples of North America. <input type="checkbox"/> Asian or Pacific Islanders: Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. <input type="checkbox"/> Hispanic: Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin regardless of race. | | | <input type="checkbox"/> Vietnam Era Veteran (8-5-64 to 5-7-75) "A person (1) who (i) service on active duty for a period of more than 180 days, any part of which occurred during the Vietnam era, and was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a serviced-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under Act." <input type="checkbox"/> Disabled Veteran "A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per Centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty." <input type="checkbox"/> Disabled Vietnam Era Veteran (8-5-64 to 5-7-75) Both of the above. | |
| CITIZENSHIP | | | | |
| <input type="checkbox"/> Resident Foreign National An alien who has been admitted for permanent residence (must have Alien Registration Receipt Card, Form 1-551). <input type="checkbox"/> Non-Resident Foreign National An alien admitted temporarily for specific purposes and Periods of time. <input type="checkbox"/> U.S. Citizen | | | | |
| U.S. SELECTIVE SERVICE REQUIREMENT | | | | |
| <input type="checkbox"/> I certify that I am registered with Selective Service. <input type="checkbox"/> I certify that I am not required to be registered with Selective Service because I am female. <input type="checkbox"/> I am in the armed service on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.) <input type="checkbox"/> I have not reached my 18 th birthday. <input type="checkbox"/> I was born before 1960. <input type="checkbox"/> I am a citizen of the Federated States of Micronesia, or the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau). | | | | |



NRWASA
EMPLOYMENT APPLICATION
 Equal Opportunity/Affirmative Action Employer

Mailing Address:
 NRWASA
 P.O. Box 6277
 Kinston, N.C. 28501

Position Applied For: _____

Name: _____ Social Security Number: _____ Date: _____

Address: _____ Home Telephone: _____ Business Phone: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

When will you be able for work? _____

EDUCATION AND TRAINING

High School: _____

| | | |
|------|------|-------|
| Name | City | State |
|------|------|-------|

Did you graduate from high school or receive a GED certificate? yes no Circle highest grade completed:
 1 2 3 4 5 6 7 8 9 10 11 12 GED

| Education Beyond High School | LOCATION | Attended | | | | Circle Number Years Completed | Credit Hours | Degree, Diploma or Certificate | Year Received | Major/ Subject |
|------------------------------|----------|----------|-----|-----|-----|-------------------------------|--------------|--------------------------------|---------------|----------------|
| | | Mo. | Yr. | Mo. | Yr. | | | | | |
| Colleges/Universities | | | | | | 1 2 3 4 | | | | |
| 1. | | | | | | 1 2 3 4 | | | | |
| 2. | | | | | | 1 2 3 4 | | | | |
| Graduate Schools | | | | | | 1 2 3 4 | | | | |
| 1. | | | | | | 1 2 3 4 | | | | |
| 2. | | | | | | 1 2 3 4 | | | | |
| Other/Internship, etc. | | | | | | 1 2 3 4 | | | | |
| 1. | | | | | | 1 2 3 4 | | | | |
| 2. | | | | | | 1 2 3 4 | | | | |

If your education includes courses specifically related to a position sought, please indicate these courses below.

| Subject | Credits | Grade | Subject | Credits | Grade |
|---------|---------|-------|---------|---------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

Are you enrolled in school now? Yes No If yes, where _____

Course of Study? - _____



LICENSES

Driver's License – "X" those that apply

For positions which require specific licenses, copies of licenses will be required at the time of interview.

Operators: C M

Commercial: A B C Endorsements: T P N H X

License No. _____ State _____ Date of Issue _____
Expiration Date _____

List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.

SKILLS/LANGUAGES

Please list any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, laboratory Techniques and the like. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.

Languages (Other than English):

1. Speak Read Write

2. Speak Read Write

GENERAL INFORMATION

a. Citizenship: U.S. If not, Visa Type _____ Date Granted _____ Immigrant No. _____

b. Military Status: Are you a veteran? Yes No Dates of Military Service: _____ To _____ Branch _____

c. Are you, or have you ever been employed by NRWASA? Yes No If yes, when? Give dates and name (if different) in item i.

d. Have you filed an application with the NRWASA within the last 3 months? Yes No If yes, explain in item i.

e. Are you related by blood or marriage to any person now employed by NRWASA? Yes No If yes, give name, relationship and department name in item i.

f. Have you ever been convicted of any unlawful offense (other than a minor traffic violation)? Yes No If yes, explain in item i.

g. Will you accept employment requiring regular night work or weekend work? Yes No

h. Will you accept employment requiring occasional night work or weekend work? Yes No

i. _____

THIS APPLICATION IS IN RESPONSE TO (Please check block and name particular source):

- Kinston Free Press _____ Radio _____
 News & Observer _____ TV _____
 Other Newspaper _____ Personal Reference _____
 Professional magazine or newsletter _____ Other _____
 Employment Security Commission _____

EMPLOYMENT RECORD

Please list your present or most recent employer FIRST. Include U.S. Armed Forces experience. Account for all time during the past 10 years. Include any volunteer or unpaid experience. If necessary, use the Continuation Sheet.

| | | |
|---|-----------------|--|
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Full -Time <input type="checkbox"/> Part-time <input type="checkbox"/> |
| Employer: | Position Title: | Start Date: |
| Address: | Ending Salary: | End Date: |
| City/State: | | Length in Current Position: |
| Reason for Leaving | | |
| Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying _____ | | |

| | | |
|---|-----------------|--|
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Full -Time <input type="checkbox"/> Part-time <input type="checkbox"/> |
| Employer: | Position Title: | Start Date: |
| Address: | Ending Salary: | End Date: |
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| Employer: | Position Title: | Start Date: |
| Address: | Ending Salary: | End Date: |
| City/State: | | Length in Current Position: |
| Reason for Leaving | | |

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying _____

EQUAL OPPORTUNITY PLEDGE

NRWASA is an Equal Opportunity Employer. Through its affirmative action plan the NRWASA reaffirms its commitment to equality of opportunity and pledges that it will not practice or permit discrimination in employment on the basis of race, color, religion, sex, national origin or disability. The NRWASA complies with all applicable legislation prohibiting age discrimination in employment.

I hereby certify that all statements on this Application and the "Application Log" are true and complete to the best of my knowledge and belief. If employed I understand that any falsification of this record may be considered cause for termination. I authorize persons, schools, current employer (if approved by me in the "Employment Record" section) and other individual organizations or employers to provide the NRWASA with any relevant information needed to consider my candidacy.

Signature of Applicant: _____ Date: _____



**EMPLOYMENT APPLICATION
ADDITIONAL INFORMATION SHEET**

Application Date: _____

Applicant Name: _____ **Social Security Number:** _____

Position Applied For: _____

May we contact this employer? Yes No

Full -Time Part-time

Employer: _____

Position Title: _____

Start Date: _____

Address: _____

Ending Salary: _____

End Date: _____

City/State: _____

Length in Current Position: _____

Reason for Leaving

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying _____

May we contact this employer? Yes No

Full -Time Part-time

Employer: _____

Position Title: _____

Start Date: _____

Address: _____

Ending Salary: _____

End Date: _____

City/State: _____

Length in Current Position: _____

Reason for Leaving

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying _____

Signature of Applicant: _____ **Date:** _____



NEUSE REGIONAL WATER AND SEWER AUTHORITY

APPLICANT WAIVER AND RELEASE TO CONDUCT REFERENCE CHECKS

NRWASA employs a variety of tools in the selection of individuals to be considered for employment with NRWASA. Each step is designed to collect information from applicants about individual characteristics that are closely related to job performance and to effectively use this data to identify the best applicants for employment.

One of the tools is the EMPLOYMENT REFERENCE. It involves collecting information about prospective job applicants from people who have contact with the applicants. Its purpose is to verify information given by applicants on other selection devices such as application forms and interviews and to identify additional information that may have been omitted by the applicant.

REFERENCE CHECKS may include inquiries about employment and educational background, appraisal of an applicant's character and personality and assessments by previous employers and supervisors or others who have first hand knowledge of the applicant's qualifications and job performance.

Job offers with NRWASA are contingent upon positive REFERENCE CHECKS and are made only with the WRITTEN PERMISSION OF THE APPLICANT.

If applicants are currently employed and do not wish their current supervisors to be contacted, REFERENCE CHECK will be performed at a mutually agreed upon time. Any information solicited in REFERENCE CHECKING will be job-related, satisfy NRWASA's legitimate business interest, not violate EEOC guidelines and adhere to state and federal privacy laws concerning release of information.

YOUR SIGNATURE BELOW AUTHORIZES NRWASA TO CONDUCT THE EMPLOYMENT REFERENCE CHECKS REQUIRED BY NRWASA POLICY AND ORDINANCE:

I authorize the NRWASA to contact persons familiar with my work qualifications to solicit information concerning my employment and educational background, appraisal of my character and personality, and an analysis of my job performance abilities. I understand that the information gathered is protected as confidential under North Carolina General Statute and will not be disclosed to me. I further understand that refusal to authorize the employment reference checks will result in my disqualification from consideration for employment with NRWASA. I understand that NRWASA reserves the right not to make an offer of employment if any of the information received through the reference checks materially contradicts information supplied through the application form and/or interview.

Signature

Signature of Witness

Date