

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. This application will remain active for 90 days.

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.
NRWASA is an at-will employer.

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's 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	Home Phone: Cell Phone:
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
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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	Circle Number Years Completed	Did you Graduate?	Degree, Diploma or Certificate	Year Received	Major/ Subject
Colleges/Universities						
1.		1 2 3 4				
2.		1 2 3 4				
Graduate Schools						
1.		1 2 3 4				
2.		1 2 3 4				
Other/Internship, etc.						
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.

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/TV _____

News & Observer _____ Personal Reference _____

Employment Security Commission _____ Other _____

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



**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:
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Address:	Ending Salary:	End Date:
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City/State:	Length in Current Position:
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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:
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Address:	Ending Salary:	End Date:
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City/State:	Length in Current Position:
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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:** _____

Applicant Waivers
Application supplement for NRWASA

Authorization for Reference Checks/ Background Checks

I authorize NRWASA to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Company has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports including credit checks, criminal records, DMV records and other background data.

I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries.

I further authorize the Company, in its sole discretion, to furnish copies of this authorization and my application to any person and/or consumer reporting agency in connection with the above purposes.

Falsification of Information

I understand that misrepresentation or omissions of facts is cause for dismissal.

Binding Arbitration

As a condition of employment, I agree that all disputes and claims between me and the Company shall be submitted to arbitration in Raleigh, North Carolina in accordance with the North Carolina Arbitration Act and the then-existing American Arbitration Association ("AAA") rules governing employment disputes, including, without limitation, those rules pertaining to the conduct of discovery. At the conclusion of such arbitration proceeding, a neutral arbitrator selected upon mutual agreement of the parties from a list of AAA-approved arbitrators shall issue a written award, which shall be binding on both parties.

At-Will Employment

Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signed _____ Date _____
Please provide date of birth _____ which will be used for reference checking purposes ONLY