

EMPLOYMENT EXPERIENCE
Full and accurate phone numbers are required

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, national origin or disability.)

Employer ()	TELEPHONE	Dates		Work Performed
		From	To	
Address				
Job Title		Salary		
		Starting	Final	
Supervisor				Reason for Leaving
Employer ()	TELEPHONE	Dates		Work Performed
		From	To	
Address				
Job Title		Salary		
		Starting	Final	
Supervisor				Reason for Leaving
Employer ()	TELEPHONE	Dates		Work Performed
		From	To	
Address				
Job Title		Salary		
		Starting	Final	
Supervisor				Reason for Leaving
Employer ()	TELEPHONE	Dates		Work Performed
		From	To	
Address				
Job Title		Salary		
		Starting	Final	
Supervisor				Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

Summarize Special Skills and Qualifications Acquired From Employment or Other Experience _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.
COMPLETE AND ACCURATE DAY TIME PHONE NUMBERS ARE REQUIRED.

Name	Address	Telephone Number	Years Acquainted
1			
2			
3			

EDUCATION

	High	College/University	Graduate/Trade/ Professional
School Name			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study: Describe Specialized Training:			
Wastewater Treatment Operator License Operator Class: I II III			
Wastewater Collection System License Yes No			

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application, including a driver's license and any criminal background checks, as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Peachtree City Water and Sewerage Authority (WASA) and that no real or implied employment contract exists.

Signature of Applicant

Date

PEACHTREE CITY WATER AND SEWERAGE AUTHORITY

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent(s) of the Peachtree City Water and Sewerage Authority (WASA), or to any authorized agent of a criminal justice agency or any private agency upon request of WASA, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment, and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by WASA. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I acknowledge that I understand fully the nature of the authorization I am giving, and I have no objection to same. I give this permission voluntarily, in that I am no under any type of coercive influence or undue pressure.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing and any signature.

DATE

SIGNATURE OF APPLICANT