



**Application for Employment**

CWSA is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, or non-job related disabilities. All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

Instructions: This application must be completed in its entirety.  
 Please print in ink or type  
 If because of a disability you need assistance in completing this application form  
 Please notify the manager.

Personal		
Full Time ____	Part time ____	Date:
Last Name:		Social Security #
First Name & Middle Int.		Day Telephone # ( )
Address		Evening Telephone #( )
City	State	Zip
Position Applied For	Referred By	
For Full Time Public Works, Police/Fire Civil Service Only:		
Drivers License: _____		_____
Number		State

Are you a United States citizen or authorized to work in the United States?      Yes      No  
 (Proof of citizenship or immigration status will be required upon employment)

Have you ever filed an application with CWSA before?      Yes      No

Have you ever worked for CWSA before?      Yes      No  
 If yes give Date \_\_\_\_\_

Are you at least 18 years old?      Yes      No

If under 18, do you have a work permit?      Yes      No

Do you have any relatives employed by CWSA?

Yes

No

Have you ever been convicted of a criminal offense involving dishonesty, breach of conduct, offenses against children, use, possession, distribution, sale or manufacture of drugs, violence or threats of violence or use of weapons for which you have not been pardoned or which has not been expunged?

Yes

No

**Education**

Circle Highest Grade Completed  
 High School 9 10 11 12  
 College, Trade or Business 1 2 3 4  
 Graduate Studies

School	Address	Major Studies	Degree, credits, licenses Or Certificates
High School			
College/University			
Vocational, Business, Other			

Other special knowledge, skills or qualifications \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check any machinery or heavy equipment that you have experience in operating:

Dragline \_\_\_\_\_ Grader \_\_\_\_\_ Tractor/Mower \_\_\_\_\_ Front End Loader \_\_\_\_\_  
 Backhoe \_\_\_\_\_ Dozer \_\_\_\_\_ Bush Hog \_\_\_\_\_ Track Hoe \_\_\_\_\_  
 Utility Cart \_\_\_\_\_ Roller \_\_\_\_\_ Low Boy Trailer \_\_\_\_\_ Hydroscopic \_\_\_\_\_

**Military Services Record**

Branch of Service	Length of Service	Rank at Separation

Reserve Requirements	Specialized Training



Personal References (excluding former employers & relatives)		
Name & Occupation	Address	Daytime Telephone #
1.		
2.		
3.		

Thank you for completing this application form and for your interest in employment with us.

#### Authorization and Consent for Release of Information

This authorization and release give your permission to CWSA to conduct a background investigation. The result of this process will be utilized by CWSA to determine eligibility for employment. All information will be proprietary and kept as confidential as practicable. The information obtained by CWSA will not be provided to any parties other than this company.

I, the undersigned, do hereby certify that the information provided by me in my application for employment, resume, or in verbal discussions relating to my consideration for employment is true and complete to the best of my knowledge. I hereby authorize CWSA to: (1) investigate the truthfulness of all my statements made on my application or resume, or verbal statements made by me in the interview process, (2) conduct any verification of my education, employment, personal, credit, and motor vehicle records, and to receive any criminal history reports, and (3) disclose verbally or in writing the results of any investigation with the authorized employees or agents of this company, involved in the hiring process.

Further, I authorize the procurement of any other information, which relates to my background, character, and personal reputation, which may be deemed relevant to my employment in accordance with state and federal laws.

I have read and understand this authorization and consent. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit agencies, law enforcement or criminal records agencies, and other agencies to release information about me to CWSA, or its designated agent, and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I Further agree to indemnify, discharge, and forever hold harmless CWSA, its directors, officers or employees from any and all damages, claims, losses, liabilities, cost, and expenses (including, but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against CWSA, related directly or indirectly to this disclosure of any such information or to such investigation. I understand that my employment with CWSA is conditional upon an acceptable background investigation.

Authorized by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Current address, City, State, Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date