



EMPLOYMENT APPLICATION

Hopkinsville Water Environment Authority
 401 East 9th Street
 P.O. Box 628
 Hopkinsville, KY 42241-0628

AN EQUAL OPPORTUNITY EMPLOYER

HWEA is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Applicant Information							
Name: _____				Date:			
<i>Last</i>		<i>First</i>		<i>M.I.</i>			
Street Address:				Apartment/Unit #:			
Mailing Address: <i>(if different)</i>							
City:			State:		ZIP Code:		
Phone:			Email:				
Cell Phone:			Best time to call:				
Date Available:			Desired Salary: \$				
Position Applied for:							
Can you perform the essential functions of the job with or without reasonable accommodation?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>(If employment is offered, you will be required to provide documentation to verify eligibility.)</i>							
Have you ever worked for HWEA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever been bonded?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you have a relative (parent, spouse, sibling, etc.) employed by City of Hopkinsville, HES, HWEA, etc?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name & relationship:		

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Comments on gaps in employment:

Skills and Qualifications

Summarize any special training, skills, licenses, certifications and/or characteristics that may qualify you for the position.

Education

High School

Address

Did you graduate? YES NO Diploma:

College:

Address

Did you graduate? YES NO Degree:

Other:

Address

Did you graduate YES NO Degree:

References

Please list three **professional** references. (former employer, client, colleague, teacher, supervisor, etc)

Note: Your application is not complete if this section is not filled in.

Full Name: _____ **Relationship:** _____
Company: _____ **Phone:** _____
Address: _____

Full Name: _____ **Relationship:** _____
Company: _____ **Phone:** _____
Address: _____

Full Name: _____ **Relationship:** _____
Company: _____ **Phone:** _____
Address: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge and authorize HWEA to verify their accuracy, and to obtain reference information on my work performance. I hereby release HWEA and any former employers from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal.

HWEA is an Equal Opportunity Employer. HWEA does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules, and regulations of employment of HWEA. However, I understand that neither the policies, rules, regulations of employment, nor anything during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and "at will". I further understand that either I or HWEA may terminate any employment at any time with or without notice or cause.

I understand, if offered employment I must successful pass a background check and drug screen prior to employment.

Signature: _____ Date: _____

This application is considered active for 6 months from the date of submission. After that time, if you have not heard from HWEA and still wish to be considered for employment, a new application must be completed.

Upon request and if necessary, an applicant will be provided with reasonable accommodation to participate in the application process.