



Junaluska Sanitary District

Application for Employment An Equal Opportunity Employer

P.O. Box 35 * Lake Junaluska, N.C. 28745 * (828) 452- 1178

This application form is designed to protect individual rights and privacy and to ensure equal employment opportunity. All questions are considered important for employment and no other use is intended for the information you submit.

1. Position(s) applied for: _____ Date: _____ (mm/dd/yy)

Name: _____
Last First Middle (If married use Maiden)

2. Do you have a valid North Carolina Driver's License? License Number _____

3. Present Address _____
Street Address City State Zip Code

Telephone (Home) _____ Telephone (Cell) _____

Email Address _____

4. When will you be available for employment? _____

5. Are you age 18 or above? If no, what is your birthdate? _____ (mm/dd/yy)

6. Have you ever worked before for Junaluska Sanitary District? From _____ (mm/yy) To _____ (mm/yy)

7. May we inquire of your present employer regarding your character, qualifications, etc.?

8. Are you related by blood or marriage to any person now employed by the District?

If yes, give name, relationship and department employing relative _____

9. Military Service: Are you a veteran?

Date of entry into active service ____ (mm/yy) Date of separation from active service _____ (mm/yy)
Type of separation _____

10. Have you ever been convicted of an offense against law or forfeited a bond?

If yes, explain _____

Note: a criminal record will not necessarily exclude you from employment. Such factors as the nature and gravity of the offense, the time passed since the conviction, and the nature of the job for which you have applied shall be considered. You may omit traffic violations of which you paid a fine of \$30 or less. A criminal records check will be done to verify this information. Failure to disclose information may result in rejection of your application.

11. **REFERENCES.** If you wish to list references, list persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat the names of supervisors you will list under Section 16, Employment Record, on pages 3 and 4 of this application.

A. Name _____ Address _____
Telephone Number _____

B. Name _____ Address _____
Telephone Number _____

C. Name _____ Address _____
Telephone Number _____

12. **EDUCATION.** Give your complete educational history.

Name of last high school attended _____

Location _____

Highest year completed _____

Did you graduate from high school?

If you did not graduate, do you have a GED?

Education Beyond High School	Name and Location	Attended From To Mo./Yr. Mo./Yr	Check Number Years Completed	Did you Graduate?	Degree or Diploma and Year Received	Major Subject
College or University						
Graduate or Professional						
Other Education, Internships, Etc.						

13. List fields of work or activities for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance. _____

14. List typing and clerical skills, machines you can operate computer software in which you are proficient, and others skills in which you are proficient. _____

15. If the position(s) applied for calls for specific courses, indicated course and credits received. _____

16. **EMPLOYMENT RECORD.** Answer questions for each period of employment. Include military service and any previous employment with Junaluska Sanitary District. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet. Experience acquired more than 10 years ago may be summarized in one block if not applicable to the position(s) for which you are applying.

A. Title of present or last position _____
Employer _____ Address _____
Name and title of supervisor _____
Number of employees supervised by you _____ Telephone number _____
Date employed ____ (mm/yy) Date Separated _____(mm/yy) Number of hours
worked per week ____
Starting salary _____ Last salary _____
Duties _____

Reason for leaving or desiring change _____

B. Title of present or last position _____
Employer _____ Address _____
Name and title of supervisor _____
Number of employees supervised by you _____ Telephone number _____
Date employed ____ (mm/yy) Date Separated _____(mm/yy) Number of hours
worked per week ____
Starting salary _____ Last salary _____
Duties _____

Reason for leaving or desiring change _____

C. Title of present or last position _____
Employer _____ Address _____
Name and title of supervisor _____
Number of employees supervised by you _____ Telephone number _____
Date employed ____ (mm/yy) Date Separated _____(mm/yy) Number of hours
worked per week ____
Starting salary _____ Last salary _____
Duties _____

Reason for leaving or desiring change _____

D. Title of present or last position _____
 Employer _____ Address _____
 Name and title of supervisor _____
 Number of employees supervised by you _____ Telephone number _____
 Date employed ____ (mm/yy) Date Separated _____(mm/yy) Number of hours
 worked per week ____
 Starting salary _____ Last salary _____
 Duties _____

 Reason for leaving or desiring change _____

E. Title of present or last position _____
 Employer _____ Address _____
 Name and title of supervisor _____
 Number of employees supervised by you _____ Telephone number _____
 Date employed ____ (mm/yy) Date Separated _____(mm/yy) Number of hours
 worked per week ____
 Starting salary _____ Last salary _____
 Duties _____

 Reason for leaving or desiring change _____

CERTIFICATE OF APPLICANT

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I hereby authorize Junaluska Sanitary District to investigate my past employment, performance, salary and educational history as well as my criminal background; to gather any other information necessary to process my application for employment; and to administer any pre-employment testing, including but not limited to a pre-employment drug test, that is necessary. I also understand and acknowledge that a negative pre-employment drug test is a condition of employment with Junaluska Sanitary District. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

 Applicant's Signature