

Please Print

DATE _____

PERSONAL DATA

MONROE COUNTY WATER AUTHORITY
475 Norris Drive ♦ Rochester, NY 14610
APPLICATION FOR SUMMER EMPLOYMENT

FULL NAME:

_____ (LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS:

(SCHOOL) STREET ADDRESS CITY STATE ZIP TELEPHONE NUMBER

PERMANENT ADDRESS:

STREET ADDRESS CITY STATE ZIP TELEPHONE NUMBER

DO YOU POSSESS A VALID NEW YORK STATE DRIVER'S LICENSE? YES NO IF YES, LICENSE NO. _____ CLASS _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO ARE YOU A CITIZEN OF THE U.S.? YES NO If not, are you legally entitled to work in the U.S.?

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR, FELONY, OR MOVING VEHICLE OR TRAFFIC VIOLATION? YES NO IF SO, COMPLETE THE FOLLOWING:

DATE _____ OFFENSE _____ PLACE _____ DISPOSITION _____

DATE _____ OFFENSE _____ PLACE _____ DISPOSITION _____

POSITION DESIRED

U.S. MILITARY SERVICE

- ___ LABORER
- ___ METER READER
- ___ BUILDINGS/GROUNDS MAINTENANCE
- ___ ENGINEERING CO-OP
- ___ OTHER _____

- ___ CLERICAL/SECRETARIAL
- ♦ Typing _____ wpm
- ♦ Stenography _____ wpm
- ♦ Word Processing _____ (System)
- ___ ACCOUNTING

BRANCH OF SERVICE _____

FROM _____ TO _____

RANK OR RATING _____

TYPE OF DISCHARGE _____

PLEASE COMPLETE THIS SECTION

DATE(S) AVAILABLE FOR INTERVIEW _____

DATE AVAILABLE TO WORK _____

ABLE TO WORK UNTIL _____

COLLEGE YEARS COMPLETED AT END OF CURRENT SEMESTER _____

EXPECTED COMPLETION DATE (PRESENT DEGREE PROGRAM) _____

PLANS FOR FURTHER STUDY? _____

The Monroe County Water Authority is an Equal Opportunity Employer and Drug-Free Workplace and does not discriminate on the basis of race, color, creed, national origin, sex, religion, age, disability, or marital status.

EDUCATION

INSTITUTION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	MAJOR FIELD OF STUDY	DEGREE
HIGH SCHOOL				
PRESENT COLLEGE				
OTHER COLLEGES ATTENDED				

EXPERIENCE

EMPLOY. DATES FROM	TO	COMPANY NAME AND LOCATION	POSITION	WAGE OR SALARY	BRIEF STATEMENT OF DUTIES	REASON FOR LEAVING

THE WATER AUTHORITY RESERVES THE RIGHT TO CONTACT PAST EMPLOYERS FOR REFERENCES. MAY WE ALSO CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES NO

HOW WERE YOU REFERRED TO THE WATER AUTHORITY _____

ARE YOU RELATED TO ANYONE WHO IS CURRENTLY EMPLOYED BY THE WATER AUTHORITY? YES NO

IF YES, PLEASE STATE NAME AND RELATIONSHIP _____

I certify that information given on this application is true and complete. I understand that false, misleading, or incomplete information given on this application or in any employment interview may result in disqualification from further consideration for employment, or if employed by the Water Authority, in discharge. I understand that all information provided on this application is subject to verification by the Monroe County Water Authority, and I hereby authorize release of this information.

I understand and agree that I will be subject to pre-employment and random drug testing during my employment period. I further understand that a positive test will result in my disqualification for employment or termination of employment.

APPLICANT'S SIGNATURE _____ DATE _____

REFERRED BY _____ DATE INTERVIEWED _____ INTERVIEWED BY _____