

REFERENCES

List references other than those named as a current or former employer.

Name	Telephone
Address	Relationship to You
Name	Telephone
Address	Relationship to You
Name	Telephone
Address	Relationship to You

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify this application was completed by me and the entries contained herein are true and complete to the best of my knowledge. 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 Monroe County Water Authority, in discharge. I understand that all information provided is subject to verification by the Water Authority.

I authorize inquiries, as may be necessary to arrive at an employment decision, into my personal, employment, and educational history including, but not limited to, my original application, attendance, and performance records; U.S. Military, school records and training; criminal conviction records; driving and DMV records; records relating to any disciplinary actions or terminations; and information concerning my character, integrity, and capabilities required to confirm the representations made in this application. I further authorize the release of this information to the Water Authority, including any supporting documents or materials.

If hired, I agree to comply with all rules, regulations, and employment policies of the Monroe County Water Authority.

Social Security # _____ Signature _____

CONSENT TO TEST FOR ILLEGAL DRUGS

The Monroe County Water Authority requires all applicants recommended for hire, whether they are considered for full-time, part-time, or seasonal/temporary employment, be tested for illegal drug use. All employees who are temporary, provisional, or who have not completed their probationary period will also be required to participate in random drug testing.

Applicants who test positive for the presence of controlled substances, or fail the drug testing program (i.e., fail to appear for the test, fail to appear as scheduled with proper photo identification, or attempt to adulterate the sample) will be disqualified for employment.

I have read and understand the above information and consent to the administration of drug detection. I hereby authorize any physician, hospital, or medical professional retained by the Monroe County Water Authority for screening purposes to conduct such screening and to provide the results to the Water Authority. I release the Monroe County Water Authority, its employees and any such institution or person conducting the screening from liability therefor.

Print Name _____

Signature _____ Date _____



MONROE COUNTY WATER AUTHORITY
475 NORRIS DRIVE
ROCHESTER, NY 14610

APPLICATION FOR EMPLOYMENT**PERSONAL DATA**

Date _____

FULL NAME

_____ (Last) _____ (First) _____ (Middle)

ADDRESS

_____ (Street Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Telephone Number)

Do you possess a valid New York State Driver's License? Yes No

If Yes, License # _____ Class _____

Are you at least 18 years of age? Yes No

Are you legally entitled to work in the U.S.? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

If Yes, explain fully _____

Have you ever been convicted of a moving vehicle or traffic violation in the last seven years? Yes No

If Yes, explain fully _____

POSITION DESIRED**POSITION APPLYING FOR:**

- Laborer Meter Reading Buildings/Grounds Maintenance
 Engineering Co-Op Clerical/Secretarial Accounting/Finance
 Customer Service Other _____

ARE YOU AVAILABLE TO WORK:

Weekends Yes No

Overtime (Including Emergency Call-Out) Yes No

Rotating Schedule Yes No

TYPE OF EMPLOYMENT DESIRED: Full-Time Part-Time Temporary

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, gender, religion, age, disability, or marital status.

EDUCATION

NAME & LOCATION	GRADUATE		TYPE OF DEGREE	MAJOR FIELD OF STUDY	SCHOLASTIC STANDING OR GPA
	YES	NO			
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
TECHNICAL, BUSINESS OR TRADE SCHOOL					

U.S. MILITARY SERVICE

Branch of Service	From:	To:
Rank or Rating	Type of Discharge	

GENERAL

Have you previously worked for the Water Authority? Yes No

If yes - when and in what position?

Are you related to anyone currently employed by the Water Authority? Yes No

If yes, please state name and relationship.

Are you currently employed? Yes No What wages are you expecting?

How were you referred to the Water Authority?

EMPLOYMENT HISTORY (List, in order, with your last or present employer first.)

FROM	TO	COMPANY	ADDRESS
MO - YR	MO - YR		
Job Title			
Reason for Leaving			
Supervisor's Name & Title		Telephone	May we contact?
Description of Duties & Responsibilities			

EMPLOYMENT HISTORY (Continued)

FROM	TO	COMPANY	ADDRESS
MO - YR	MO - YR		
Job Title			
Reason for Leaving			
Supervisor's Name & Title		Telephone	May we contact?
Description of Duties & Responsibilities			

FROM	TO	COMPANY	ADDRESS
MO - YR	MO - YR		
Job Title			
Reason for Leaving			
Supervisor's Name & Title		Telephone	May we contact?
Description of Duties & Responsibilities			

FROM	TO	COMPANY	ADDRESS
MO - YR	MO - YR		
Job Title			
Reason for Leaving			
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