



WCSA Application for Employment

WCSA is an Equal Opportunity Employer. Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, handicap, sex or age. In addition, please note the Age Discrimination in Employment Act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

APPLICANT INFORMATION

Position Applying For:					
Last		First	MI	Date of Birth	
Full Legal Name:					
Number/Street		City		State	Zip
Street Address:					
Number/Street		City		State	Zip
Mailing Address:					
Home Phone: ()			Business Phone: ()		

EDUCATION

Circle highest grade completed:	1	2	3	4	5	6	7	8	9	10	11	12	
If you did not complete high school, do you have a high school equivalency diploma?	Yes	No											
Date diploma or equivalency received:	Circle number of years of post high school education:						1	2	3	4	5	6	7
If you expect to complete an educational program in the near future, please indicate what type of degree/program and expected completion date:													
Name and Location of Institution				Hours		Degree		Major/Specialty		Minor		Dates Attended	
1.													
2.													
3.													

KNOWLEDGE / SKILLS / ABILITIES

Please use this space to list any knowledge, skills or abilities you possess and believe are relevant to the position you seek, such as operating heavy equipment, computer skills, etc.:

LICENSE, CERTIFICATION OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION

Please indicate any held license (including driver's license), certifications or other authorizations to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)
1.			
2.			
3.			

EXPERIENCE

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. If necessary, attach additional sheets.

May we contact your present employer? **Yes** **No**

Position Title:				Immediate Supervisor Name:				Full-Time:				
Employer:								Part-Time:				
Mailing Address:				Title:				Summer:				
City, State, Zip:								Temp/Project:				
Employer's Telephone No.: ()				Supervisor's Telephone No.:				Give average # of hours worked per week if part-time:				
Starting Date		Leaving Date			Salary		()					
Mo.	Day	Yr.	Mo.	Day	Yr.	Start	Finish					
								If supervisory, number of employees you supervised:				
Duties:												
Equipment Used:												
Specific reason for leaving:												
Your name if different from present:												

CERTIFICATION AND SIGNATURE

Each application requires current date and original signature.

I hereby certify that all entries on this application and attachments to the application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Washington County Service Authority. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Washington County Service Authority to rely upon and use as it sees fit any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicants Signature: _____ Date: _____

SUBSTANCE AND ALCOHOL ABUSE TEST CONSENT

Each application requires current date and original signature.

As a matter of policy and to help ensure a safe work environment free of the use of alcohol and illegal drugs that may impair your ability to perform the essential functions of the position, WCSA screens job applicants for the presence of alcohol and illegal drugs. Applicants refusing to take a pre-employment drug test will not be considered for employment at WCSA. Furthermore, positive test findings will result in any offer of employment being withdrawn (or termination if the results are received after your start date). Submitting an altered urine sample will be treated as a positive test result.

Consent Agreement and Release of Liability

I have read, understand, agree and consent to WCSA policy as stated above. I authorize WCSA, its designated physician (s), nurses, technicians or agents to collect a specimen(s) of my urine for chemical analysis and to conduct a breathalyzer test. I understand that decisions regarding my application for employment at WCSA will be made from the result of these tests. I consent to these tests and authorize the attending physician, agent and/or laboratory to provide test results to WCSA. In consideration for your review of my application, I hereby release WCSA, its affiliates, agents and employees from any liability resulting from employment decisions made from the results of these tests.

Applicants Signature: _____ Date: _____

Printed Name: _____ Social Security Number: _____

MEDICAL SCREENING CONSENT FORM

Each application requires current date and original signature.

WCSA has a duty to provide a safe working environment for all employees. As a matter of policy and in order to minimize potential risks to employees, WCSA may require medical screenings of prospective employees. Medical screenings may be required based on the nature of the work to be performed or the area within which the work is to be performed. Applicants may be assessed as unsuitable on medical grounds where a pre-existing medical condition or the effects of ongoing medication, will prevent the applicant from carrying out the inherent requirements of the position.

Consent Agreement and Release of Liability

I have read, understand, agree and consent to WCSA policy as stated above. I hereby give my consent to undergo a complete medical examination if it is required for the position I am seeking. In consideration for your review of my application, I hereby release WCSA, its affiliates, agents and employees from any liability resulting from employment decisions made from the results of the examination.

Applicants Signature: _____ Date: _____

Printed Name: _____ Social Security Number: _____

REQUIRED SUPPLEMENTAL INFORMATION

Proof of Safe Driving Record

All applicants, including regular and temporary WCSA employees, must attach to their application an original, recent (issued within 30 days of the Applicants Signature Date above) driving record printout issued by the Department of Motor Vehicles. Driving record printouts issued by other agencies will not be accepted. The printout can be obtained at the Department of Motor Vehicles for a cost of \$8. **Applications received without an original, current DMV printout may be rejected.**