



APPLICATION FOR EMPLOYMENT SOUTHWEST WATER AUTHORITY

Position applying for: _____	
Date you can start: _____	Salary or wage expected: _____
O ctmif you are willing to accept: 'Full-time Part-Time Shift Work Permanent Temporary Seasonal	

General Information

Name (Last, First, Middle Initial)		Social Security No.		Work Telephone No.
Mailing Address	City	State	Zip Code	Home Telephone No.
If no phone number how may we contact you?				
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain: _____ <small>(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)</small>				
Initial each line to indicate authorization. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THIS AUTHORIZATION. _____ I understand and agree that all information furnished in my application and during the interview may be verified by SWA. _____ I authorize all individuals and organizations named or referred to and any law enforcement organizations to give SWA all information relative to such verification. _____ I hereby release such individuals, organizations and SWA from all and any liability for any claim or damage resulting therefrom.				
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you know anyone at who works at Southwest Water Authority? Yes _____ No _____ If yes, list name (s) _____				
Driving records of potential employees will be reviewed when the position requires a drivers license. State licensed in _____ License number _____				

Veteran's Preference

To be granted Veteran's Preference, the required forms, letters, or certificates must be with the application at the time JSND refers this application to SWA.

Do you claim Veteran's Preference? No Yes - *Must* attach DD-214, Report of Separation

Do you claim Disabled Veteran's Preference? No Yes - *Must* attach DD-214, Report of Separation, and a letter less than 1 year old from the ND Veteran Affairs Dept. indicating disability

Veteran Eligibility: You must be a ND resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released under other than dishonorable conditions. See NDCC 37-19.1.

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Did you graduate?	Diploma or degree earned:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education/training skills:

Computer skills (hardware & software):

Current professional license/certificate/registration:

Related volunteer experience:

Attach Resume. If no resume is available please complete below.**Employment History:**

- Start with your current or last job - include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties		
Monthly Salary	Reason for Leaving	
<hr/>		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties		
Monthly Salary	Reason for Leaving	
<hr/>		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties		
Monthly Salary	Reason for Leaving	
<hr/>		

Additional Information

State any additional information you feel may be helpful to us in considering your application.

References

Name	Phone # ()
Address	How long have you know them?
Name	Phone # ()
Address	How long have you know them?
Name	Phone # ()
Address	How long have you know them?

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.	
_____	_____
Applicant's Signature	Date

All information provided is subject to the North Dakota Open Records Law

Equal Opportunity Employer

Southwest Water Authority does not discriminate on the basis of race, color, natural origin, sex, age, religion, marital status, or disability in employment or the provision of services.

Return completed application to:

Email - swa@swwater.com
Mail - 4665 2nd St SW, Dickinson, ND 58601
Fax - 701-225-4058