



<input type="checkbox"/> <b>Appomattox River Water Authority</b> 21300 Chesdin Road Petersburg, VA 23803 (804) 590-1145 <a href="http://www.arwava.org">www.arwava.org</a>	<input type="checkbox"/> <b>South Central Wastewater Authority</b> 900 Magazine Road Petersburg, VA 23803 (804) 861-0111 <a href="http://www.scwwa.org">www.scwwa.org</a>
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\*Please mark the box to indicate which organization you applying to.

An Equal Opportunity/Affirmative Action Employer

## EMPLOYMENT APPLICATION

Answer all questions. Please print or type. Incomplete applications will not be considered

In compliance with Federal and State equal employment opportunity laws, applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other non-job related factor. Applications are considered active for no more than six months and after that period it may be necessary to reapply to be considered for employment.

Position Applying for:

Name: \_\_\_\_\_

Last	First	Middle
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Address: \_\_\_\_\_

Street	City	State	Zip
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Phone: (Day) \_\_\_\_\_ Are you known to schools/reference by another name? Yes  No

(Evening) \_\_\_\_\_ If yes, by what name? \_\_\_\_\_

Email Address: \_\_\_\_\_ (please type or print clearly)

Have you filed an application or been employed here before? Yes  No  If you checked yes, please describe the circumstances. \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No  You are eligible for employment if you are a US citizen or if you have an appropriate permit to work in the US through the Dept. of Justice or the US Dept. of Labor.

Are you available to work? Full Time  Part Time  On Shifts  Temporary

On what date would you be available to work? \_\_\_\_\_

Do any of your friends or relatives work here? Yes  No

If yes, list name(s) and relationship: \_\_\_\_\_

Have you been convicted of any offense other than a minor traffic violation? Yes  No

If yes, describe in full, include date(s). A conviction does not automatically mean you cannot be hired. The type of conviction(s) and how long ago are important. Please give all facts.


Do you have a valid license? Yes  No  Do you have a CDL endorsement? Yes  No

Are you now on "layoff" status and subject to recall? Yes  No

Did you serve in the armed forces? Yes  No

Include details of service, including ranks held, under **Work Experience** and describe any relevant training

List trade or professional organizations of which you are a member, including offices held:


### REFERENCES

List three persons other than relatives who know you and your qualification

NAME, RELATIONSHIP, AND OCCUPATION

ADDRESS/PHONE

1.	
2.	
3.	

Did you graduate from high school or achieve a high school equivalency diploma? Yes  No

School or certifying agency \_\_\_\_\_ Address \_\_\_\_\_

Name & Location (city/state) of college(s)/university/(ies) attended	Major Field of Study	Degree Received?	
		Type	Year

Other Training (Including business, trade, military, or correspondence schools)

Name & Location of School (city/state)	Type of Training	Year

Use this space to give any special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional licenses or certificates, skills in operation of machines/equipment, technical skills, computer software, or other special training).


**WORK EXPERIENCE**

LIST ALL JOBS HELD STARTING WITH THE PRESENT AND WORKING BACK TO ALSO INCLUDE MILITARY ASSIGNMENTS AND ALL EXPERIENCE AT ANY JOB HELD IN ORDER TO PROVIDE A COMPLETE AND TOTAL WORK HISTORY. YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS YOU PROVIDE ALL INFORMATION REQUESTED BELOW. **STATING "SEE RESUME" WILL MAKE YOUR APPLICATION INVALID.** USE SUPPLEMENTAL FORMS IF NECESSARY.

**IF YOU WERE INVOLUNTARILY TERMINATED OR FORCED TO RESIGN, BE SURE TO DISCLOSE THAT INFORMATION. WHILE IT WILL NOT AUTOMATICALLY DISQUALIFY YOU, FAILURE TO DISCLOSE WILL RESULT IN TERMINATION OF EMPLOYMENT.**

May your present employer be contacted?      Yes       No

Name /Address of Employer		Name, Title, & Phone number of Supervisor	
Job Title or Position	Start Date ____/____/____ <small>Month/Year</small>	End Date ____/____/____ <small>Month/Year</small>	Salary \$ _____ per _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		No. of Hours worked per week: _____	
<b>Describe your duties, responsibilities, and accomplishments:</b>			
<b>Reason for leaving:</b>			

Name /Address of Employer		Name, Title, & Phone number of Supervisor	
Job Title or Position	Start Date ____/____/____ <small>Month/Year</small>	End Date ____/____/____ <small>Month/Year</small>	Salary \$ _____ per _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		No. of Hours worked per week: _____	
<b>Describe your duties, responsibilities, and accomplishments:</b>			
<b>Reason for leaving:</b>			

Use supplemental form or a blank paper if more space is required.

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**AGREEMENT**

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I certify that answers given herein are true and complete to the best of my knowledge and that I have received and read the job description for the position applied for.

I authorize you to make and I agree to cooperate in investigation and inquiries of my personal references, employment and other matters relevant to information supplied as part of this application as may be necessary in arriving at an employment decision. I hereby release employers, schools, and persons from all liability in responding to inquiries in connection with information supplied on this application. I understand that I may need to sign information release forms if required to permit investigation of information supplied on this application, which may include criminal record and driving record checks. I understand that any job offer is conditional upon satisfactory results of an Authority-paid physical exam related to the requirements of the position offered and that a drug screening is part of this physical exam.

If I am employed, I understand that false or misleading information given as part of this application or interview(s) may result in discharge. I understand, also, that I am required to abide by all Authority rules and regulations, that current copies of such rules and regulations, including descriptions of the current benefit program, are available for inspection before employment, and that nothing in such materials or this application is to be construed as a contract of employment.

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**Signature**

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**Date**

## WORK EXPERIENCE – Continued

### Supplemental Sheet

Name /Address of Employer		Name, Title, & Phone number of Supervisor	
Job Title or Position	Start Date ____/____/____ <small>Month/Year</small> to ____/____/____ <small>Month/Year</small>	End Date	Salary \$ _____ per _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		No. of Hours worked per week: _____	
Describe your duties, responsibilities, and accomplishments:			
Reason for leaving:			

Name /Address of Employer		Name, Title, & Phone number of Supervisor	
Job Title or Position	Start Date ____/____/____ <small>Month/Year</small> to ____/____/____ <small>Month/Year</small>	End Date	Salary \$ _____ per _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		No. of Hours worked per week: _____	
Describe your duties, responsibilities, and accomplishments:			
Reason for leaving:			

# EEO SURVEY FORM APPOMATTOX RIVER WATER AUTHORITY

In order to comply with federal equal employment opportunity recordkeeping and reporting requirements, the Company is required to survey its workforce for certain demographic information. Accordingly, we ask that you provide the following information. Self-identification of your race/ethnicity is voluntary. If you choose not to self-identify, you must check the box indicating that you have reviewed the form and elected not to identify your race/ethnicity. Declining to self-identify will not subject you to any adverse treatment, nor will self-identifying result in favorable treatment. The information will be used only in accordance with the provisions of applicable laws, regulations and executive orders, including those that require information to be summarized and reported to the government.

In completing the Race and Ethnicity portion of the form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you do identify. If you identify with two or more races, please check the "two or more races" box, and also list the single race/ethnic group with which you most closely identify.

<b>First and Middle Names</b>		<b>Last Name</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Race And Ethnicity</b>	<p>A. <input type="checkbox"/> <b>Hispanic or Latino</b> – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p>OR</p> <p>B. <input type="checkbox"/> <b>Not Hispanic or Latino:</b></p> <p><input type="checkbox"/> <b>White (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> <b>Black or African American (Not Hispanic or Latino)</b> – A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b> – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> <b>Asian (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> <b>American Indian or Alaska Native (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</p> <p><input type="checkbox"/> <b>Two or More Races (Not Hispanic or Latino)</b> – All persons who identify with more than one of the above five racial/ethnic groups. <b>If you check this box, please list the single racial/ethnic group above with which you most closely identify:</b> _____.</p>		
<b>Signature</b>	<input type="checkbox"/> If you choose not to self-identify your race or ethnicity, please check box.		
<b>Date</b>			

## **General Information for Applicants**

The Appomattox River Water Authority (ARWA) is an independent public agency providing impoundment treatment, storage and transmission of potable water for the citizens of Colonial Heights, Petersburg, Dinwiddie, Prince George and Chesterfield. The South Central Wastewater Authority (SCWWA) is also an independent public agency providing treatment of wastewater for the citizens of Colonial Heights, Petersburg, Dinwiddie, Prince George and Chesterfield. ARWA and SCWWA are wholesale agencies with five customers. These wholesale customers in turn provide service to the individual retail customer. The operations of both Authorities are entirely supported by ratepayers, not by taxes.

The majority of ARWA and SCWWA employees are plant operators and are licensed by the Department of Professional and Occupational Regulation of the Commonwealth of Virginia, on the combined basis of education, experience, and successful completion of a four hour written examination. ARWA and SCWWA assist and encourage operators in obtaining licenses through on-the-job training, correspondence courses, special schooling, and pay incentives. A licensed operator is an asset to ARWA, SCWWA, and the public which they serve. Each operator is expected to make maximum effort towards being licensed and each position has a required licensing level.

Job applicants will receive a copy of the job description for the position they are applying.

ARWA employees are paid twice a month, on the 15<sup>th</sup> and 31<sup>st</sup>. SCWWA employees are paid every two weeks. Employees are offered the option of direct deposit. Confirmation of the automatic deposit will be mailed to the employee's address on file or they may pick-up the confirmation at the Main Office. The current benefit plan includes retirement, life insurance, medical/dental insurance, sick and annual leave and Social Security. Participation in a 457 Deferred Compensation Plan is an optional benefit offered by the Authorities.

Every new employee must provide proof of eligibility for employment, as required by the Immigration and Reform Control Act of 1986. For example, a state-issued driver's license together with a certified birth certificate would be required (other original documents or combinations of original documents are also possible). Such proof of eligibility must be complete before starting work.

A post-offer physical and drug screening is required for all positions. In addition, employees are subject to random drug screenings. A post off criminal history check is required for all positions and driver record check for certain positions is required.