



<input type="checkbox"/> <b>Appomattox River Water Authority</b> 21300 Chesdin Road S. Chesterfield, 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

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### EMPLOYMENT APPLICATION

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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

Address: \_\_\_\_\_  
Street City State Zip

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, descibe 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).

[illegible]

## 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 ____/____/____ Month/Year	End Date ____/____/____ Month/Year	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 ____/____/____ Month/Year	End Date ____/____/____ Month/Year	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:			

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## WORK EXPERIENCE – Continued

### Supplemental Sheet

Name /Address of Employer		Name, Title, & Phone number of Supervisor	
Job Title or Position	Start Date ____/____ to ____/____ Month/Year Month/Year	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 ____/____ to ____/____ Month/Year Month/Year	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:			

# APPOMATTOX RIVER WATER AUTHORITY/SOUTH CENTRAL WASTEWATER AUTHORITY EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA FORM

The Appomattox River Water Authority and South Central Wastewater Authority are Affirmative Action Employers. We are asking you to voluntarily help us monitor the effectiveness of our program by completing the affirmative action data below. The completion of this form is voluntary; neither its completion nor refusal to complete will subject you to any adverse treatment. **This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way. Questions 4-8 are optional.**

1	Application for Position Of:			
2	How did you learn of this vacancy:			
3	Name:		4	
	Last	First		Middle
	Address			City
5	Ethnic Origin:		6	
	<b>Note:</b> Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:			Sex:
	<input type="checkbox"/> a) White <input type="checkbox"/> b) Black <input type="checkbox"/> c) Hispanic <input type="checkbox"/> d) Asian/Pacific Islander <input type="checkbox"/> e) American Indian/Alaskan Native			<input type="checkbox"/> Female <input type="checkbox"/> Male
7	(a) Veteran:    Yes <input type="checkbox"/> No <input type="checkbox"/> (b) If yes, check <input type="checkbox"/> Vietnam Era, 1962- 1972 <input type="checkbox"/> Other:			
8	(a) Have you any physical, mental, or medical disability which could impair your ability to perform this job?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
	(b) If yes, check <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Speech</span> <span><input type="checkbox"/> Vision</span> <span><input type="checkbox"/> Physical</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Hearing</span> <span><input type="checkbox"/> Intellectual</span> <span><input type="checkbox"/> Emotional/Psychological</span> </div>			

**THE AUTHORITY DOES NOT DISCRIMINATE IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, POLITICAL AFFILIATION, DISABILITY, OR ANY OTHER JOB NON-JOB RELATED FACTOR.**

## **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. Applicants will be required to certify they have read that job description.

ARWA/SCWWA employees are paid twice a month, on the 15<sup>th</sup> and 31<sup>st</sup>. Paychecks will be automatically deposited into an employee's bank checking or savings account. The current benefit plan includes retirement, life insurance, medical/dental/vision insurance, sick/annual leave or PTO. Other optional benefits include participation in a 457 Deferred Compensation Plan, AFLAC, and Minnesota Life.

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-offer criminal history check is required for all positions and driver record check for all positions is required.