



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

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|  |
|  |

### 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).

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AGREEMENT

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I certify that the 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<br>____/____/____ to ____/____/____<br><small>Month/Year                      Month/Year</small> | End Date                                  | Salary<br>\$ _____ per _____ |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |   | No. of Hours worked per week: _____       |                              |
| Describe your duties, responsibilities, and accomplishments:          |   |   |                              |
|   |   |   |                              |
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|   |   |   |                              |
| Reason for leaving:   |   |   |                              |
|   |   |   |                              |
|   |   |   |                              |

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