



**LICENSES/CERTIFICATION**

List any required professional license, certification, or driver's license required by the job announcement

TITLE	NUMBER	ISSUING AGENCY	EXPIRATION DATE	SPECIAL ENDORSEMENT/CLASS

**SPECIALIZED SKILLS AND KNOWLEDGE**List skills of knowledge that show your ability to perform the job for which you are applying  
(computer software programs, safety training, typing speed, foreign languages, etc.)

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**WORK EXPERIENCE**

Beginning with your current or present employer, list all work experience.

Include military, volunteer and intern experience and any gaps in your employment. Please attach additional sheets if necessary.

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER		
KIND/TYPE OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER		
YOUR JOB TITLE	START DATE (MONTH/YEAR)	LEAVE DATE (MONTH/YEAR)	
REASON FOR LEAVING:	ADDITIONAL COMMENT:		
JOB DUTIES			
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO			

**WORK EXPERIENCE (CONT.)**

Beginning with your current or present employer, list all work experience.

Include military, volunteer and intern experience and any gaps in your employment. Please attach additional sheets if necessary.

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER		
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REASON FOR LEAVING:	ADDITIONAL COMMENT:		
JOB DUTIES			
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO			

### WORK EXPERIENCE (CONT.)

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REASON FOR LEAVING:	ADDITIONAL COMMENT:	
JOB DUTIES		
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		

### VETERANS PREFERENCE

Veteran's preference may be added to the applicant's final score if the applicant has successfully completed all parts of the application process.

A veteran is a person who served in the Armed Forces of the United States on active duty, during the certain specified time periods or in military campaigns, for reasons other than training, and has been discharged under other than dishonorable conditions.

Veterans and disabled veterans may obtain preference by requesting a Veterans Preference Form from the Human Resources department and a Certificate of Release or Discharge form Active Duty (DD Form 214 or 215) or a letter from the Department of Veteran Affairs. Disabled veterans must also submit a copy of their Veteran's disability preference letter from the Department of Veteran Affairs.

I am requesting a Veteran's Preference  YES  NO

I am requesting Disabled Veteran's Preference  YES  NO

### CERTIFICATION AND SIGNATURE

I certify that all statements contained this application or attached materials are complete to the best of my knowledge. I understand that false, fraudulent or misleading statements shall be sufficient for disqualification from the application process or dismissal should I be hired for employment. In submitting this application for employment and by my signature below, I certify and understand:

All statements contained herein are true and complete whether made by me or others at my request.

I am authorizing Sunrise Water Authority to investigate the information I provide, including any employment references, education institutions, or information disclosed during the interview process.

As a condition of employment for all applicants, I authorize Sunrise Water Authority to check and obtain my criminal and civil background record.

If the position I am applying for requires a driving record check, pre-employment drug test, physical fitness exam, or credit check history, my signature serves as my authorization for Sunrise Water Authority to conduct such record checks as a condition of employment. I understand that Sunrise Water Authority will provide me with the required notice, disclosure and request for authorization whenever the information falls under the Fair Credit Reporting Act.

No representative of Sunrise Water Authority has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as agreed to and signed by the General Manager.

I have read, understand and agree to all of the conditions stated in this Certification and Signature section.

SIGNATURE (Use Ink)	DATE
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THANK YOU FOR YOUR INTEREST IN SUNRISE WATER AUTHORITY