

EMPLOYMENT APPLICATION



For Current Job Openings,
please visit our website at
www.sunrisewater.com

Instructions: Please print or type. This application is a part of the screening process. To be considered for employment please:

1. Fill out the application completely. Résumés are not a substitute for completing the application.
2. Use additional sheets if necessary. Incomplete applications will not be accepted.
3. Sign and date the application.
4. Email your application materials to:
recruitment@sunrisewater.com.

POSITION APPLYING FOR: _____

HOW DID YOU HEAR ABOUT THE POSITION? _____

APPLICANT INFORMATION	
NAME	HOME PHONE
ADDRESS	MOBILE PHONE/ALTERNATE PHONE
CITY/STATE/ZIP	EMAIL ADDRESS
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If hired, you will be required to provide identification to prove eligibility for employment)</i>	
HAVE YOU EVER BEEN EMPLOYED BY SUNRISE WATER AUTHORITY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	

WORK SCHEDULE AVAILABILITY	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL	DATE YOU CAN REPORT FOR WORK:
ARE YOU WILLING TO WORK OVERTIME, IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESIRED WAGE:

EDUCATION/TRAINING HISTORY				
List colleges, military, trade, business or other schools attended				
NAME/LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE? (Yes/No)	DEGREE/CERTIFICATION OR CERTIFICATE
<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate				

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 KNOWLEDGEList 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		
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	
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		

VETERANS PREFERENCE

Veteran's preference may apply 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 submitting 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