



Grayson County Water District

21 Shull White Rd., Leitchfield, KY 42754

Application for Employment

Name: _____
Last First MI (Maiden Name if Applicable)

Address: _____
Street City State Zip

Home Phone (____) _____ Cell Phone (____) _____

Email: _____

Position You Are Applying For: _____

Date Available for Work: _____ Desired Salary Range: _____

Educational Background

	Name of School/Location	Attended	Diploma/Degree
High School	_____		

College	_____		

Graduate	_____		

Other (Specify)	_____		

Job Related Skills and Qualifications

Please list any special skills and qualifications you have for this position.

Employment References

(Please do not list relatives or personal friends.)

Name	Relation:
Address	
Phone (Day)	Phone (Evening)

Name	Relation:
Address	
Phone (Day)	Phone (Evening)

Name	Relation:
Address	
Phone (Day)	Phone (Evening)

Other Employment Information

	Yes	No
Are you a U.S. citizen?		
If not, are you legally authorized to work in the U.S.?		
Are you at least 18 years of age?		
Will you work overtime when necessary?		
Do you have a valid driver's license?		

Additional Information

List special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran, Reserve, National Guard, or other similarly protected status.

List any additional information you would like us to consider.

Authorization and Release

Please read carefully before signing this form.

This certifies that the answers given by me on this application are true, correct, and without omissions of any kind. I understand that if I am hired and misstatements are subsequently discovered, that it will be grounds for immediate termination. (Initial here _____)

I authorize a thorough investigation of my past employment and activities, including investigation of criminal history, employment history and education background and credentials. I further authorize Grayson County Water District (GCWD) to use a consumer report (which includes, but is not limited to, credit payments records, driving records, criminal histories, and investigative reports) for employment purposes during the application process and at any time during my employment with GCWD. I agree to cooperate in such investigation, and hereby release GCWD and its agents as well as employers, schools, and persons from all liability or responsibility in connection with the same. (Initial here _____)

I hereby agree to submit to any drug or alcohol testing, and/or physical examination to determine fitness for duty that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary actions, up to and including termination. (Initial here _____)

I understand that GCWD is an Equal Opportunity Employer, and qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other protected group status. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on job-related factors. (Initial here _____)

I understand that my employment, if hired, is terminable-at-will, that I am not being employed for any specific time, and that this application is not intended to be a contract for employment or continued employment, and that GCWD and I may terminate my employment at any time with or without cause or notice. (Initial here _____)

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent of my ability to produce the required documentation within the time period required by law. I have read and fully understand the foregoing and seek employment under these conditions. (Initial here _____)

Limitation on Claims: I agree that any claim, action, or suit against GCWD arising out of my employment or termination of employment including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within one year of the event giving rise to the claim or be forever barred. I waive a statute of limitations to the contrary. (Initial here _____)

Applicant Signature _____ Date _____

For Company Use Process Record

(Record the completion date and initials of individual responsible for each step below.)

Initial Interview Date: ____/____/____ Job Offer Made: _____

Reference Checks

Follow-up Interview Dates: ____/____/____ Completed: _____

____/____/____ Drug Screen Results: _____

____/____/____ Background Check: _____

Hire Date: ____/____/____

MANAGER: _____ SUPERVISOR: _____