

Harrison County Utility Authority

Application for Employment An Equal Opportunity Employer

It is preferred that this application be completed in ink or typed by the applicant. Applications are not required to give any information that is prohibited by federal, state, or local law. No information given on this application will be used in a discriminatory manner.

Position Applying For: _____

Desired Salary: _____

PERSONAL INFORMATION

Name: _____
Last First MI

Address: _____
Street Number City State Zip Code

Telephone: _____ Alternate Telephone: _____

SSN: _____ Driver's License No. & State _____

Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodations? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

If yes, what date are you available to start? _____

EDUCATION

School Type	Name & Address	Course of Study	Last Year Completed	Graduate? Yes/No
High School			9 10 11 12	
College			1 2 3 4	
College			1 2 3 4	
College			1 2 3 4	
Trade			1 2 3 4	

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U.S. MILITARY SERVICE

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No If yes, what branch? _____

Dates of Duty: From _____ To Date of Discharge _____

List duties during service including special training: _____

EMPLOYMENT HISTORY

Employer Name & Address	Start Date (mo/yr)	Ending Date (mo/yr)	Describe your job duties	Rate of Pay	Reason for leaving

Please list any additional skills or qualifications that relate to your ability to perform the job for which you are applying for; such as licenses, professional designations, types of machinery or equipment you operate, etc.

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Do you have any relatives employed by Harrison County Utility Authority or elected to an office in Harrison County? If so, please list their name and the position they hold.

REFERENCES

Please do not include relatives.

Name & Occupation	Address	Telephone Number

BACKGROUND

Have you ever been convicted of a criminal or disorderly person offense other than minor traffic violations? ☐ Yes ☐ No

If yes, please provide the following for each offense: (a) the charge/description of crime (b) the date of conviction (c) the city and state (d) actions taken.

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AGREEMENT

I certify that all the foregoing statements are complete, true and correct. In consideration of the employment sought, I hereby authorize Harrison County Utility Authority (HCUA) to investigate and request former employment to furnish any information concerning me, and I release them from any and all liabilities or damages due to furnishing truthful information.

I hereby agree, on request to undergo physical examination by a physician designated by HCUA at HCUA's expense. I further agree that I will submit to pre-employment drug testing, and if I am hired, I understand that I may be subject to future drug testing pursuant to the policies of HCUA.

In addition, I understand that this employment application is not an employment contract. I understand that misrepresentation or omission of facts called for is cause for rejection of the application, or dismissal, if discovered after I am hired.

Signature

Date