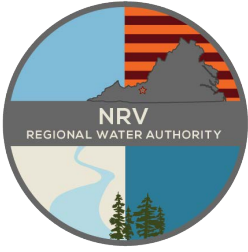


**EMPLOYMENT APPLICATION**

**NRV Regional Water Authority**  
 3515 Peppers Ferry Road  
 Radford, Virginia 24141  
 (540) 639-2575 FAX (540) 639-0229  
 www.nrvwater.org

Position Applied for: \_\_\_\_\_

Deadline: \_\_\_\_\_

Application Date: \_\_\_\_\_

**PERSONAL INFORMATION****NAME:** (Last, First, Middle)**ADDRESS:** (Street, City, State, Zip Code)**HOME PHONE****ALTERNATE PHONE****EMAIL ADDRESS****DRIVERS LICENSE** YES  NO**DRIVERS LICENSE NUMBER  
STATE NUMBER:****CLASS****LEGAL RIGHT TO WORK IN THE UNITED STATES?** YES  NO**FORMER LAST NAME****MONTH AND DAY OF BIRTH  
(MM/DD)****RATE OF PAY EXPECTED**

\$ \_\_\_\_\_ PER YEAR \$ \_\_\_\_\_ PER HOUR

**WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:** Some High School  
 High School Some College  
 Technical College Associate's Degree  
 Bachelor's Degree Master's Degree  
 Doctorate**EDUCATION****DATES:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**SCHOOL NAME:****LOCATION: (City, State)****DID YOU GRADUATE?** YES  NO**DEGREE RECEIVED:****MAJOR:****UNITS COMPLETED:** SEMESTER  QUARTER**DATES:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**SCHOOL NAME:****LOCATION: (City, State)****DID YOU GRADUATE?** YES  NO**DEGREE RECEIVED:****MAJOR:****UNITS COMPLETED:** SEMESTER  QUARTER**HIGH SCHOOL EDUCATION**DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES  NO IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7  8  9  10  11  12 

SCHOOL NAME

CITY

STATE

**COLLEGE/UNIVERSITY EDUCATION****SCHOOL NAME****DEGREE RECEIVED**

SCHOOL LOCATION (CITY/STATE)

**DID YOU GRADUATE?**  
YES  NO  SEMESTER  QUARTER  
# OF UNITS COMPLETED:

MAJOR

**SCHOOL NAME****DEGREE RECEIVED**

SCHOOL LOCATION (CITY/STATE)

**DID YOU GRADUATE?**  
YES  NO  SEMESTER  QUARTER  
# OF UNITS COMPLETED:

MAJOR

### WORK HISTORY

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS		CITY	STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	NUMBER OF EMPLOYEES SUPERVISED	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			
REASON FOR LEAVING			

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS		CITY	STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	NUMBER OF EMPLOYEES SUPERVISED	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			
REASON FOR LEAVING			

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS		CITY	STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	NUMBER OF EMPLOYEES SUPERVISED	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			
REASON FOR LEAVING			

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS		CITY	STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	NUMBER OF EMPLOYEES SUPERVISED	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			
REASON FOR LEAVING			

**CERTIFICATES & LICENSES**

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	

**SKILLS**

<b>OFFICE SKILLS</b>	TYPING (NET WORDS PER MINUTE)	DATA ENTRY (NET WORDS PER MINUTE)
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**OTHER SKILLS**

SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

**ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

**REFERENCES**

Please list references you wish to include (Personal/Professional). Please include: Name, title, phone number, email, and mailing address.

<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
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**ADDRESS:** (Street, City, State, Zip Code)

<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>
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<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
------------------------	--------------	------------------

**ADDRESS:** (Street, City, State, Zip Code)

<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>
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<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
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**ADDRESS:** (Street, City, State, Zip Code)

<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>
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**MISCELLANEOUS**

The purpose of the following questions section is to obtain information necessary to evaluate you for the position you are applying for, to obtain data to evaluate our recruitment program and to prepare statistical reports required with Federal, State and local agencies. Required information is denoted with an asterisk (\*).

\*1. Have you ever worked for the NRV Regional Water Authority?       CURRENT EMPLOYEE    PREVIOUS EMPLOYEE    NEVER EMPLOYED

2. If you were previously employed by the NRV Regional Water Authority, list your dates of employment, position title, and other names you may have been known as.

\*3. Do you have family members working at the NRV Regional Water Authority? If yes, please list their name:  
 YES       NO       \_\_\_\_\_

\*4. Have ever been convicted of a crime as an adult?

- NEVER CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS  
 MISDEMEANOR       FELONY       TRAFFIC

5. If you marked a conviction in question 5, provide a description of the offense, date charged, date convicted and locality and State where convicted.  
Note: Failure to provide all information may result in rejection of your application

\*6. How did you hear about this employment opportunity with the NRV Regional Water Authority?

- Internet – Authority Site       GovernmentJobs       Other Site       Newspaper

7. Are you an honorably discharged Veteran?

- YES       NO

8. If you have been known by another name(s), please note below

9. What date will you be available for work?

### CERTIFICATION

**I certify that all information provided on this application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered**

I understand that all information on this application is subject to verification and I consent to criminal history and driving record background checks, if applicable. Disclosure of a criminal conviction record is not an automatic bar from employment and will be considered on an individual and job-related basis. I further understand that I may have to pass a physical examination as a condition of my employment and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers and educational institutions regarding this application. I hereby release the NRV Regional Water Authority from any/all liability of whatever kind and nature resulting from obtaining and having an employment decision based on such information.

I have read and understand the above information.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE