



APPLICATION FOR EMPLOYMENT

Roanoke Rapids Sanitary District

An Equal Opportunity Employer

DIRECTIONS: TO BE CONSIDERED FOR RRS D EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM. "SEE RESUME" IS NOT AN ACCEPTABLE RESPONSE ON THIS FORM. PLEASE FEEL FREE TO ATTACH A RESUME.

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE			EMAIL		
DATE OF BIRTH			ADDRESS (st.,city,state,zip)		
DATE OF APPLICATION		POSITION APPLIED FOR			LAST FOUR OF SS NUMBER

Do you have legal right to work in the United States? YES NO

EMPLOYMENT HISTORY

CURRENT (MOST RECENT) EMPLOYER

EMPLOYER		ADDRESS			
MANAGER NAME			PHONE		
POSITION TITLE	# Supervised By You	FROM MO/YR		TO MO/YR	
REASON FOR LEAVING	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>			SALARY	
PLEASE LIST MAJOR JOB DUTIES					

SECOND (MOST RECENT) EMPLOYER

EMPLOYER		ADDRESS			
MANAGER NAME			PHONE		
POSITION TITLE	# Supervised By You	FROM MO/YR		TO MO/YR	
REASON FOR LEAVING	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>			SALARY	
PLEASE LIST MAJOR JOB DUTIES					

THIRD (MOST RECENT) EMPLOYER

EMPLOYER		ADDRESS			
MANAGER NAME			PHONE		
POSITION TITLE	# Supervised By You	FROM MO/YR		TO MO/YR	
REASON FOR LEAVING	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>			SALARY	
PLEASE LIST MAJOR JOB DUTIES					

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY (major/minor)	DATES ATTENDED	GRADUATE		DETAILS
				YES	NO	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

AVAILABILITY

Are you related by blood or marriage to any person now working for the RRSD: YES NO

If yes, give name and relationship to you: Relative's Name _____ Relationship _____

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

YES NO (If yes, explain fully in Additional Section.)

Do you have any pending criminal charges? Other litigation? YES NO (If yes, explain fully in Additional Section.)

DRIVING LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

TO BE READ AND SIGNED BY APPLICANT

EQUAL OPPORTUNITY INFORMATION: The RRSD policy prohibits discrimination based on race, sex, color, creed, religion, national origin, age, disability, or any other protected status. This information when requested will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). The reporting of a disability is strictly VOLUNTARY. Information reported on this form will be kept confidential as required by State law.

MEDICAL SCREENING: It is the policy of the Roanoke Rapids Sanitary District that all applicants selected for employment must satisfactorily pass a medical examination which includes a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Applicant Signature		Date	
Applicant Name (printed)			

Ronanoke Rapids Sanitary District Candidate Voluntary Self-Identification

Ronanoke Rapids Sanitary District believes that all persons are entitled to equal employment opportunities and we do not discriminate against our employees, applicants, or job seekers because of race, color, gender, religion, national origin, disability, veteran status, age, marital status, or any other protected group status as defined by the laws. In order to comply with the laws, we invite you to voluntarily self-identify your race/ethnicity, gender, and veteran status. Please complete the information below, which includes the option to choose not to self-identify. This information will be kept confidential. Your submission of this information is entirely voluntary and refusal to provide it will not influence our screening or hiring decisions.

Name: _____	Date: _____
Position Applied For: _____	
Referral Source:	
<input type="checkbox"/> Internal (Current Employee)	<input type="checkbox"/> https://rrsd.org/
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Relative
	<input type="checkbox"/> Other: _____ (please specify)

I do not wish to complete the information requested below.

Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Race/Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	

Military Status

Ronanoke Rapids Sanitary District honors and appreciates all men and women that have served in the military to protect our country and freedom. You may voluntarily disclose your military status below. **If you do not have military affiliation or do not wish to disclosure your military status, then please leave this section blank.**

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

Yes No

Do you wish to declare eligibility for Veterans Preference? If yes, please attach a copy of your DD-214.

Yes No

Do you wish to declare a service-connected disability?

Yes No

Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a deceased veteran who died for service-related reasons?

Yes No

Are you the spouse of an active-duty service member or the spouse of a North Carolina National Guard member?

Yes No

Do you wish to declare eligibility for veterans' preference as the spouse of a disabled veteran?

Yes No

Please provide the entry and separation dates of your (or spouse's) qualifying active military service, branch of service, and rank.

Dates of Service: _____ Branch: _____ Rank: _____

REFERENCE SECTION

DIRECTIONS: Provide information on at least 3 personal references; name, telephone number, email required. These are people who are not related to you and who are not listed as supervisors under work experience; people who know you well on a personal basis and know your qualifications and fitness for the kind of job for which you are applying.

REFERENCE CONTACT INFORMATION					
FIRST NAME		LAST NAME		RELATIONSHIP	
PHONE		EMAIL			
LENGTH OF RELATIONSHIP		ADDRESS (city,state,zip)			

REFERENCE CONTACT INFORMATION					
FIRST NAME		LAST NAME		RELATIONSHIP	
PHONE		EMAIL			
LENGTH OF RELATIONSHIP		ADDRESS (city,state,zip)			

REFERENCE CONTACT INFORMATION					
FIRST NAME		LAST NAME		RELATIONSHIP	
PHONE		EMAIL			
LENGTH OF RELATIONSHIP		ADDRESS (city,state,zip)			

ADDITIONAL SECTION

DIRECTIONS: Provide any additional information that is necessary in consideration of this application for employment.