



An Equal Opportunity/Affirmative Action Employer

EMPLOYMENT APPLICATION

Answer all questions. Please print or type. Incomplete applications will not be considered.

In compliance with Federal and State equal employment opportunity laws, applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other non-job related factor. Applications are considered active for no more than six months and after that period it may be necessary to reapply to be considered for employment.

Position(s) Applied For:	
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Last Name		First Name		Middle	
Address			City		State
Phone (Day)		Phone (Evening)		Are you known to schools/references by another name?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address				If yes, by what name?	

Have you filed an application or been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s):	
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You are eligible for employment if you are a US citizen or if you have an appropriate permit to work in the US through the Dept. of Justice or the US Dept. of Labor. **Are you legally eligible for employment in the United States?** Yes No

What type of schedule are you available to work?		On what date(s) would you be available to work?	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> On Shifts	<input type="checkbox"/> Temporary
Date:		Date:	

Do any of your friends or relatives work here?	Name	Relationship
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list name(s) and relationship		

Have you been convicted of any offense other than a <u>minor</u> traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, describe in full, including date(s). A conviction does not automatically mean you cannot be hired. The type of conviction(s) and how long ago are important. Please give all the facts.

Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a CDL endorsement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you service in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Include details of service, including ranks held, under **Work Experience** and describe any relevant training.

Trades and/or Professional Organizations: List any of which you are a member, including offices held:

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REFERENCES

List three persons *other* than relatives who know you and your qualifications.

Name, Relationship and Occupation		Address and Phone Number
1		
2		
3		

Did you graduate from high school or achieve a high school equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	School or certifying agency and address	

Name & Location (city/state) of college(s)/university(ies) attended:	Major Field of Study	Degree Received			
		Type:		Year:	

Other Training (including business, trade, military, or correspondence schools):

Name and Location of school (city/state)	Type of Training	Year

Use this space to give any special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional licenses or certificates, skills in operation of machines/equipment, technical skills, computer software, or other special training).

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WORK EXPERIENCE

LIST ALL JOBS HELD STARTING WITH THE PRESENT AND WORKING BACK TO ALSO INCLUDE MILITARY ASSIGNMENTS. YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS YOU PROVIDE ALL INFORMATION REQUESTED BELOW. STATING "SEE RESUME" WILL MAKE YOUR APPLICATION INVALID. YOU MAY USE ADDITIONAL PAPER IF NECESSARY.

May your present employer be contacted?

Yes No

A	CURRENT POSITION	Employer (name of company/organization)		
Name, Title and phone number of immediate supervisor		Address of Employer		
Dates of Employment <i>Information must be completed</i>		Describe your duties, responsibilities, and accomplishments below.		
From:	Mo. Year		To:	Mo. Year
Hourly or Annual Salary	No. Hours worked per week			
Reason for leaving:				
B	POSITION	Employer (name of company/organization)		
Name, Title and phone number of immediate supervisor		Address of Employer		
Dates of Employment <i>Information must be completed</i>		Describe your duties, responsibilities, and accomplishments below.		
From:	Mo. Year		To:	Mo. Year
Hourly or Annual Salary	No. Hours worked per week			
Reason for leaving:				
C	POSITION	Employer (name of company/organization)		
Name, Title and phone number of immediate supervisor		Address of Employer		
Dates of Employment <i>Information must be completed</i>		Describe your duties, responsibilities, and accomplishments below.		
From:	Mo. Year		To:	Mo. Year
Hourly or Annual Salary	No. Hours worked per week			
Reason for leaving:				

D	POSITION	Employer (name of company/organization)
Name, Title and phone number of immediate supervisor		Address of Employer
Dates of Employment <i>Information must be completed</i>		Describe your duties, responsibilities, and accomplishments below.
From: Mo. Year	To: Mo. Year	
Hourly or Annual Salary	No. Hours worked per week	
Reason for leaving:		

E	POSITION	Employer (name of company/organization)
Name, Title and phone number of immediate supervisor		Address of Employer
Dates of Employment <i>Information must be completed</i>		Describe your duties, responsibilities, and accomplishments below.
From: Mo. Year	To: Mo. Year	
Hourly or Annual Salary	No. Hours worked per week	
Reason for leaving:		

Use supplement form or blank paper if more space is required.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge and that I have received and read the job description for the position applied for.

I authorize you to make and agree to cooperate in such investigations and inquiries of my personal references, employment, and other matters relevant to information supplied as part of this application as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with information supplied as part of this application. I understand that I may need to sign information release forms if required to permit investigation of information supplied on this application, which may include criminal record and driving record checks. I understand that any job offer is conditional upon satisfactory results of an Authority-paid physical exam related to the requirements of the position offered and that a drug screening is part of this physical exam.

If I am employed, I understand that false or misleading information given as part of this application or interview(s) may result in discharge. I understand, also, that I am required to abide by all Authority rules and regulations, that current copies of such rules and regulations, including descriptions of the current benefit program, are available for inspection before employment, and that nothing in such materials or this application is to be construed as a contract of employment.

Signature

Date

AGREEMENT

The Authority does not discriminate in employment because of race, color, religion, sex, age, disability or any other non-job related factor.

Dissatisfied job applicants who believe they may have been discriminated against may take the following steps:

1. Write-out the complaint.
2. Mail or deliver the written complaint to the Main Office, Affirmative Action Officer, within three (3) weeks of their rejection for an Authority job.

The Affirmative Action Officer will review all applicant appeals within ten (10) working days of receipt and take whatever action is appropriate.

GENERAL INFORMATION FOR APPLICANTS

The Rivanna Water and Sewer Authority is an independent public agency providing impoundment, treatment, storage and transmission of potable water and transport and treatment of wastewater for the citizens of Charlottesville and Albemarle County. RWSA is a wholesale agency with two customers: the Charlottesville Water and Sewer Division and the Albemarle County Service Authority. These two agencies in turn provide service to the individual retail customers. Water and sewer operations are entirely supported by ratepayers, not by taxes.

The majority of Rivanna employees are plant operators and are licensed by the Department of Professional and Occupational Regulation of the Commonwealth of Virginia, on the combined basis of education, experience, and successful completion of a four-hour written examination. RWSA assists and encourages operators in obtaining licenses through on-the-job training, correspondence courses, special schooling, and pay incentives. A licensed operator is an asset to both RWSA and the public which it serves. Each operator is expected to make maximum effort towards being licensed and each position has a required licensing level.

The Rivanna Solid Waste Authority (RSWA) was formed by the County of Albemarle and the City of Charlottesville to manage current solid waste disposal facilities, primarily the Ivy Material Utilization Center, to develop, implement, and manage recycling and other programs, and to plan and provide solid waste disposal facilities and programs for the future. RSWA does not provide solid waste collection services, which are performed by the City Public Service Division and various private haulers. RSWA shares administrative staff and office facilities with the RWSA, 695 Moores Creek Lane, Charlottesville. RSWA is governed by a 5-member Board of Directors, who appoint the Executive Director.

Job applicants will receive a copy of the job description for the position they are applying. Applicants will be required to certify they have read that job description.

All employees are paid bi-weekly on Fridays. Paychecks will be automatically deposited into an employee's bank checking or savings account. Confirmation of the automatic deposit will be mailed to the employee's address on file or they may pick up the confirmation at the Main Office. The current benefit plan includes retirement, life insurance, medical/dental insurance, sick and annual leave and Social Security. Other optional benefits include participation in a 457 Deferred Compensation Plan and Flexible Spending accounts.

Every new employee must provide proof of eligibility for employment, as required by the Immigration Reform and Control Act of 1986. For example, a state-issued driver's license together with a certified birth certificate would be required (other original documents or combinations of original documents are also possible). Such proof of eligibility must be complete before starting work.

A post offer physical and drug screening is required for all positions. In addition, employees are subject to random drug screenings. A post offer criminal history check is required for all positions and driver record check for certain positions is required.

WORK EXPERIENCE

SUPPLEMENTAL SHEET

POSITION		Employer (name of company/organization)
Name, Title and phone number of immediate supervisor		Address of Employer
Dates of Employment <i>Information must be completed</i>		Describe your duties, responsibilities, and accomplishments below.
From: Mo. Year	To: Mo. Year	
Hourly or Annual Salary	No. Hours worked per week	
Reason for leaving:		

POSITION		Employer (name of company/organization)
Name, Title and phone number of immediate supervisor		Address of Employer
Dates of Employment <i>Information must be completed</i>		Describe your duties, responsibilities, and accomplishments below.
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Hourly or Annual Salary	No. Hours worked per week	
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POSITION		Employer (name of company/organization)
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Reason for leaving:		

**RIVANNA WATER & SEWER AUTHORITY
RIVANNA SOLID WASTE AUTHORITY
AUTHORITY EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA FORM**

The Rivanna Water and Sewer Authority and Rivanna Solid Waste Authority (Authority) has an Affirmative Action program to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by completing the affirmative action data below. The completion of this form is voluntary; neither its completion nor refusal to complete will subject you to any adverse treatment. This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way. Questions 5 – 9 are optional.

What position(s) are being applied for?

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How did you learn of this vacancy? (Check all that apply)

Newspaper Internet Television Radio Other

Last Name:	First Name:	Middle:
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Sex:	Age:
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Female Male 18-25 26-40 41-55 56 or older

Ethnic Origin: (Note: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows)

White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

Are you a Veteran?	Do you have any physical, mental or medical disability which could impair your ability to perform this job?
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Yes No Yes No

If checked "Yes"

Vietnam Era, 1962-1975
 Other

If checked "Yes"

Speech Physical Vision Hearing Intellectual
 Emotional/Psychological

THE AUTHORITY DOES NOT DISCRIMINATE IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, POLITICAL AFFILIATION, DISABILITY, OR ANY OTHER NON-JOB RELATED FACTOR.