

INTRODUCTION TO APPLICATION FOR EMPLOYMENT
NORTH GARLAND COUNTY REGIONAL WATER DISTRICT, HOT SPRINGS, AR
IMPORTANT INFORMATION
READ CAREFULLY BEFORE COMPLETING APPLICATION

ALL INFORMATION REQUESTED ON THE APPLICATION FORM MUST BE FURNISHED IN DETAIL. PREPARED RESUMES MAY BE ATTACHED, HOWEVER, ALL REQUESTED INFORMATION MUST BE PROVIDED AS FULLY AND AS ACCURATELY AS POSSIBLE ON THE APPLICATION FORM ITSELF. "SEE ATTACHED RESUME" IS NOT AN ACCEPTABLE RESPONSE TO ANY OF THE REQUESTED INFORMATION, THE APPLICATION FORM MUST BE PRINTED IN OR TYPEWRITTEN AND MUST BE SIGNED AND DATED IN THE APPROPRIATE SPACES.

Applications are kept on file for a period of twelve (12) months; therefore, if you have completed an application for NGCRWD within the last six months - for any position – It is not necessary for you to fill out another form. If you aren't sure if you have an application on file, please ask us to check our records before completing a duplicate application. If you are applying for a specific opening, it is important that you read the appropriate job description which is posted on our website or enclosed in this packet.

Completed applications may be submitted by mail to North Garland County Regional Water District, P.O. Box 8700, Hot Springs, AR 71910; or they may be submitted in person between the hours of 8:00 A.M. and 4:00 P.M. Monday thru Friday.

If you do not have a social security card, you must obtain one before accepting employment with North Garland County Regional Water District.

North Garland County Regional Water District is committed to providing a work environment free from the illegal use of drugs and the use of beer, wine and/or other alcoholic beverages. As part of this commitment, applicants will be required to undergo drug testing prior to employment and will be subject to further drug and alcohol/testing throughout their period of employment.

North Garland County Regional Water District is an equal opportunity/affirmative action employer. Discrimination because of age, sex, race, color, creed, disability, veteran status or national origin is prohibited. Any applicant seeking employment with the City who feels discriminated against has the right of appeal. Such appeals should be submitted in writing to the General Manager, P.O. Box 8700, Hot Springs, AR 71910

Information provided on the application form and any attachments is subject to disclosure under the Freedom of Information Act.

If you have any questions or need assistance in completing the application, do not hesitate to ask us. Please notify us if you are disabled and require special accommodations for any portion of the application process, including tests or interviews.

North Garland County Regional Water District

Phone: (501) 620-4118

Fax: (501) 318-0304

TDD Telephone for Hearing Impaired 7-1-1

Website: www.ngcwater.com

NORTH GARLAND COUNTY REGIONAL WATER DISTRICT

P.O. Box 8700

HOT SPRINGS, AR 71910

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

APPLICANT INFORMATION	Name _____ (First) (Middle) (Last)			
	Address _____ (Street) (City) (State) (Zip Code)			
	Telephone ^{le} _____ / _____ / _____ (Home) (Work) (Cell)			
	E-Mail Address _____ On what date would you be available for work? _____			
	How did you learn about this position? _____			
	Position(s) Applying For: 1. _____ 2. _____			
EDUCATION	Did you graduate from high school? Yes _____ No _____ Last Grade Completed _____			
	Do you have a GED? Yes _____ No _____ Name and location of high school _____			
	List below all colleges, universities, vocational, trade or Other schools attended.			
	Schools Attended Other	Location (City, State)	Course Major	Semester Hours
LICENSES	List all licenses you hold: (DRIVERS, etc.)			
	Type/Class	Issuing Agency /State	License Number	
REFERENCES	List names and addresses of three persons, other than relatives, who have knowledge of your character, experience, and ability			
	Name / Phone	Address		
Do you have relatives working for the North Garland County Regional Water District? Yes ___ No ___ If Yes, lease list below:				
Name	Relationship			

WORK EXPERIENCE	
List below, beginning with your most recent job, all present and past employment. Include paid, unpaid, full, etc. Attach additional pages if necessary. A resume will not substitute for this application but may be attached.	
1	From _____ To _____ Job Title _____ Name and Address of Employer _____ Name of Supervisor _____ Telephone Number _____ Job Duties _____ _____ Reason for Leaving: _____
2	From _____ To _____ Job Title _____ Name and Address of Employer _____ Name of Supervisor _____ Telephone Number _____ Job Duties _____ _____ Reason for Leaving: _____
3	From _____ To _____ Job Title _____ Name and Address of Employer _____ Name of Supervisor _____ Telephone Number _____ Job Duties _____ _____ Reason for Leaving: _____
May we contact the employer(s) listed? _____ If not, indicate which one(s) you do not wish us to contact: _____	
ADDITIONAL INFORMATION	Is there anything in your background, training, education, professional experience, etc., that makes you feel qualified for the position for which you are applying? If so, please explain: _____ _____ _____ _____ _____
APPLICANTS STATEMENT	I certify that the information set forth in my application for employment is true and complete to the best of my knowledge. I authorize the North Garland County Regional Water District to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release all employers, schools and/or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I also understand that all employees of the North Garland County Regional Water District are "at will" employees and that I will be required to abide by all rules and regulations of the North Garland County Regional Water District. I do hereby consent to submit to pre-employment drug testing and a pre-employment physical. I understand that any offer of employment will be conditional upon the results of both tests. I further understand that a positive test will result in my ineligibility for employment with North Garland County Regional Water District for a period of six (6) months. At any time after the end of the six-month period, I understand that, if I am again selected for hire, I will be required to undergo another alcohol and/or drug test at that time with the same requirements and restrictions as applied to the initial testing. Applicant Signature _____ Date _____

NORTH GARLAND COUNTY REGIONAL WATER DISTRICT

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____
First Name Middle Name Last Name

Hereby authorize the North Garland County Regional Water District, or its authorized representative(s) or employee(s) bearing this release or copy thereof to obtain any pertaining to my juvenile or adult criminal record, employment, medical, psychological background, credit history, driving record, military service, and/or education records including, but not limited to, academic achievement, attendance, personal history, work habits, salary history, character, reputation, disciplinary records, and all other relevant information deemed necessary. I hereby direct you to release such information upon request of the bearer.

I hereby release all persons and individuals, you, your representatives and employees, and any governmental agency, educational institution, hospital, or other repository of juvenile or adult records, military records, psychological records, credit bureau, lending institution, consumer reporting agency, or business establishment, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

The information hereby obtained is to be used for the purpose of evaluating applicants for employment. This authorization will continue in effect for a period of one (1) year from the date below.

Signature Date

Maiden Name (If different from full name above)

Date of Birth _____ Social Security # _____

Driver's License Number _____ State Issued _____
Type: Operator (D) ___ Commercial: (A) ___ (B) ___ (C) ___ Endorsements _____

Place of Birth: City: _____ State _____