

Name: _____
Last First Middle

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email address: _____

Position applied for: _____

Highest Grade Completed: _____ High School Diploma: _____ Yes _____ No
Years of College: _____ College Degree: _____ Yes _____ No

Other Schooling: _____

List professional, educational or civic organizational membership:_____

rev. 1/2024

BRISTOL COUNTY WATER AUTHORITY
EMPLOYMENT APPLICATION
PAST EMPLOYMENT EXPERIENCE

(List last position first)

Firm name and Address:

Description of duties:

Dates of employment: From: To:

Starting salary: Ending salary:

Immediate supervisor:

Reason for leaving:

Firm name and Address:

Description of duties:

Dates of employment: From: To:

Starting salary: Ending salary:

Immediate supervisor:

Reason for leaving:

Firm name and Address:

Description of duties:

Dates of employment: From: To:

Starting salary: Ending salary:

Immediate supervisor:

Reason for leaving:

BRISTOL COUNTY WATER AUTHORITY
EMPLOYMENT APPLICATION

PLEASE LIST THREE PERSONAL REFERENCES (OTHER THAN FORMER EMPLOYERS)

NAME:

ADDRESS:

TELEPHONE:

RELATIONSHIP:

HOW LONG HAS THIS PERSON KNOWN YOU?

NAME:

ADDRESS:

TELEPHONE:

RELATIONSHIP:

HOW LONG HAS THIS PERSON KNOWN YOU?

NAME:

ADDRESS:

TELEPHONE:

RELATIONSHIP:

HOW LONG HAS THIS PERSON KNOWN YOU?

PRESENT HERE ANY ADDITIONAL INFORMATION YOU DEEM APPROPRIATE:

BRISTOL COUNTY WATER AUTHORITY
EMPLOYMENT APPLICATION

CERTIFICATION

Please read carefully before signing.

I certify that the information contained in this application is true and complete to the best of my knowledge, without omission of any consequence. I agree that any misrepresentation, false statement, or omission, made by me with respect to the information contained in this application or subsequent physical examination may be cause to terminate my employment.

I agree that any offer of employment, and acceptance thereof, does not constitute a binding contract of any length, and such employment is terminable at the will of either party, subject to applicable law.

- I authorize you to solicit reports from previous employers, schools, personal references, and law enforcement agencies by initialing the following: _____

No effort will be made to contact my present employer, unless I have so authorized by initialing the following: _____

I recognize that employment is subject to satisfactory completion of a preplacement physical, by a Bristol County Water Authority designated physician.

I also recognize that I will be required to supply a record of birth, U.S. Citizenship, or visa status, drivers' license, social security card and other related documentation, as deemed appropriate by the Bristol County Water Authority.

Signature _____

Date _____

EQUAL EMPLOYMENT OPPORTUNITY

The Bristol County Water Authority is an equal employment opportunity employer.