**Academy Water and Sanitation District (AWSD) Meter Reader Application**

Please complete the following fields.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Hm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Text ok? \_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

Do you agree to be an employee of AWSD? \_\_\_\_\_\_\_\_\_\_

Do you agree to provide your SSAN to our accountant? \_\_\_\_\_\_\_\_\_

Do you agree to submit to a criminal background check at AWSD expense? \_\_\_\_\_\_\_\_\_

* Your personal information would be retained by the background check company, not AWSD – AWSD just receives the summary report

Do you agree to be available to read meters between the 21st and 28th of each month? \_\_\_\_\_\_\_\_

* We understand there may be instances where you could not be available, but they should be the exception

Are you eligible to work in the U.S.? \_\_\_\_\_\_\_\_\_\_ (Proof of eligibility is required upon employment)

**Previous Employment History**

Name & Address of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Employed from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_
* Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Address of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Employed from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_
* Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Address of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Employed from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_
* Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that the** that completion of this application does not obligate AWSD to whom I am submitting this application to hire me.

**I certify that all of the answers given in this application are true and complete to the best of my knowledge and that I have personally completed this application. I** understand that providing false or misleading information or omitting pertinent information in my application or a job interview shall be grounds for rejection of this application or for immediate discharge if I am employed.

**I understand that if I am employed, my employment will be for no definite period of time.** I understand that my employment may be terminated at-will with or without cause, and with or without notice, at the option of AWSD or me.

**I authorize all persons or businesses contacted by or on behalf of the AWSD about me or my application to disclose any and all performance reviews, reports, and other documents and information related to my background, work history and qualifications, without giving me prior notice of such disclosure.** I also authorize the persons named herein as references and others of whom the AWSD may inquire about my background to provide AWSD with any pertinent information they may have regarding me. By signing below, I fully release the AWSD, my former employers and all other persons, and businesses from any and all claims, demands or liabilities arising out of or in any way related to such references or disclosures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Date