MAGGIE VALLEY SANITARY DISTRICT

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Thank you for your interest in employment with Maggie Valley Sanitary District. Please complete all sections of this application. A resume may be attached but does not replace completion of the application.

Please print clearly or type.

1. POSITION APPLIED FOR

Position Title: _____

Date of Application: _____

Are you willing to work the schedule required for this position?

☐ Yes ☐ No

Are you willing to work overtime, weekends, holidays, or emergency call-outs when required?

☐ Yes ☐ No

2. APPLICANT INFORMATION

Full Name: _____

Preferred Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Email: _____

Are you legally authorized to work in the United States?

☐ Yes ☐ No

Will you now or in the future require sponsorship for employment authorization?

☐ Yes ☐ No

3. DRIVER'S LICENSE & CERTIFICATIONS

Driver's License

Do you possess a valid North Carolina driver's license?

☐ Yes ☐ No

License Class: _____

Expiration Date: _____

Are there any restrictions on your driver's license?

☐ No ☐ Yes — Explain: _____

Have you had your driver's license suspended or revoked within the past five years?

☐ No ☐ Yes — Explain: _____

Water Operator Certifications

List all current water operator certifications.

Certification	Level	Certificate #	Expiration Date
Surface Water Treatment	_____	_____	_____
Distribution	_____	_____	_____
Well Water Treatment	_____	_____	_____
Cross-Connection/Backflow	_____	_____	_____
Other	_____	_____	_____

Additional water, wastewater, environmental, safety, or technical certifications:

_____

_____

Are all certifications listed above currently active and in good standing?

☐ Yes ☐ No

If no, please explain:

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4. EDUCATION & TRAINING

High School

School: _____

Location: _____

Did you graduate? ☐ Yes ☐ No

Year: _____

College / Community College / Technical School

School: _____

Program or Major: _____

Degree/Certificate: _____

Year Completed: _____

Other Relevant Training

List relevant training, apprenticeships, technical courses, continuing education, or specialized training.

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5. EMPLOYMENT HISTORY

Please list your employment history for the most recent five years, beginning with your current or most recent employer. Include relevant water treatment, water distribution, mechanical, electrical, construction, maintenance, or other experience.

Employer 1

Employer: _____

Address: _____

Phone: _____

Supervisor: _____

Position/Title: _____

Dates Employed: From _____ To _____

Starting Pay: _____ **Ending Pay:** _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Primary Duties and Responsibilities:

_____

_____

_____

Employer 2

Employer: _____

Address: _____

Phone: _____

Supervisor: _____

Position/Title: _____

Dates Employed: From _____ To _____

Starting Pay: _____ **Ending Pay:** _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Primary Duties and Responsibilities:

Employer 3

Employer: _____

Address: _____

Phone: _____

Supervisor: _____

Position/Title: _____

Dates Employed: From _____ To _____

Starting Pay: _____ **Ending Pay:** _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Primary Duties and Responsibilities:

Additional Employment

Attach additional pages if necessary.

6. WATER OPERATIONS EXPERIENCE

Please check the areas in which you have experience.

☐ Surface Water Treatment

☐ Water Distribution

☐ Class A Distribution System

☐ Water Main Repair

☐ Water Main Installation

☐ Valve Operation/Maintenance

☐ Hydrant Maintenance

☐ Water Quality Sampling

☐ Turbidity Monitoring

☐ Chlorination/Disinfection

☐ Chemical Feed Systems

☐ Filtration

☐ Pumps/Pump Stations

☐ Tanks/Reservoirs

☐ SCADA Systems

☐ Leak Detection

☐ Preventive Maintenance

☐ Emergency Response

☐ Cross-Connection/Backflow

☐ Well Systems

☐ Electrical/Controls

☐ Heavy Equipment

☐ Other: _____

Briefly describe your water treatment and/or distribution experience:

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7. EQUIPMENT & TECHNICAL SKILLS

Identify equipment or systems you have experience operating or maintaining.

Treatment Equipment:

Pumps/Motors:

SCADA/Computer Systems:

Vehicles/Heavy Equipment:

Mechanical/Electrical Equipment:

Other Technical Skills:

8. PROFESSIONAL REFERENCES

Please provide three professional references who are familiar with your work performance. Preferably include a former supervisor, manager, or other professional contact.

Reference 1

Name: _____

Relationship/Title: _____

Employer: _____

Phone: _____

Email: _____

Reference 2

Name: _____

Relationship/Title: _____

Employer: _____

Phone: _____

Email: _____

Reference 3

Name: _____

Relationship/Title: _____

Employer: _____

Phone: _____

Email: _____

9. ADDITIONAL INFORMATION

Is there any additional experience, training, certification, skill, or qualification you would like us to consider?

_____

_____

_____

Why are you interested in working for Maggie Valley Sanitary District?

_____

_____

_____

_____

10. APPLICANT ACKNOWLEDGEMENT & CERTIFICATION

I certify that the information provided in this application and any accompanying materials is true and complete to the best of my knowledge. I understand that providing false, misleading, or incomplete information may result in disqualification from consideration or termination of employment if discovered after employment.

I authorize Maggie Valley Sanitary District to verify the information provided in this application, including employment history, education, professional certifications, licenses, and references, as permitted by applicable law.

I understand that successful candidates may be required to complete additional employment-related requirements, which may include verification of certifications and licenses, reference checks, background checks, driving record checks, drug screening, physical examinations, or other requirements applicable to the position and permitted by law.

I understand that submission of this application does not constitute a contract of employment.

I certify that I have read and understand the above statements.

Applicant Signature: _____

Date: _____