

OFFICE USE ONLY

Date Received:

Employment Application

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to start: _____ Desired Salary: \$ _____ Per: Year Hour

Position Applying for: _____

Are you willing to relocate? YES NO If yes, please use the second page below to describe your plan and timeline for meeting the 45 minute emergency response requirement if selected for this position.

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever applied for a position at LWD before? YES NO If yes, when: _____

Do you possess a valid Driver's License? YES NO State: _____ Driver's License #: _____

Education

High School: _____ City, State: _____ Did you Graduate? YES NO

1. College: _____ City, State: _____ Did you Graduate? YES NO

Degree: _____ Major Subject: _____ Did you Graduate? YES NO

2. College: _____ Major Subject: _____ Did you Graduate? YES NO

Degree: _____ Major Subject: _____

Professional / Technical Licenses or Certificates and Skills:

1. Type: _____ Issuing Agency: _____

License Number: _____ Expiration Date: _____

2. Type: _____ Issuing Agency: _____

License Number: _____ Expiration Date: _____

Skills: _____

Previous Employment

Please list the past 10 years of your employment history starting with your present or most recent job. If you need more space, you may attach additional sheets.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

References

Please have three (3) professional references with their contact information available upon request.

Military Service

YES NO

Have you served in the Military?

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Source

Where/How did you learn about this job opening? _____

Equal Opportunity Employer

Leucadia Wastewater District (LWD) considers applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientations, ancestry, martial or veteran status, mental or physical disability, or any other legally protected status. Qualified disabled applicants with special needs who desire assistance in completing the application process must notify LWD in advance, and, whenever possible, a reasonable accommodation will be made in accordance with current regulations.

Please Read Very Carefully

I certify that all the information contained within this application (and any and all attachments) is true and correct to the best of my knowledge, and I understand that any false information or omissions may lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time any such false information or omission is discovered.

I authorize investigation of all statements contained within this application; authorize LWD to secure information about my background and experience with former employers, educational institutions, and any relevant agencies; and authorize those parties to provide information to LWD concerning my background and experience.

I understand that offers of employment are contingent upon successful completion of an LWD-paid physical examination to see if the undersigned applicant is fit to perform the essential functions of the job. All job applicants who are selected to fill a position must, as part of that physical examination, submit to and pass a drug-screening test. Some job classifications require a respirator fitness evaluation.

I understand that employment with the LWD is for an indefinite and unspecified duration and that employment with the LWD is at the mutual consent of the employee and the LWD and can be terminated at will, at any time, by the employee or the LWD per LWD's Human Resources Policy Manual.

I agree that the Leucadia Wastewater District and my previous employers shall not be held liable in any respect if any employment offer is not tendered, is withdrawn or my employment is terminated due to falsity of the statements and answers in this application form or during my interview(s).

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND IT.

Signature

Date

If willing to relocate, please describe your plan and timeline for meeting the 45 minute emergency response requirement if selected for this position