

## **Employment Application**

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Date	Received:		

		Applicant I	nformation			
Full Name:	Last	First		<u></u> M.I.		
Address:	Street Address				Apartment/Unit #	
	Sileet Address				<i>Арантепи</i> Опіт #	
	City			State	ZIP Code	
Phone:			Email			
Date Available	e to start:	Desired S	alary: <u>\$</u>	Ye: Per:	ar Hour	
Position Apply	ying for:					
re you willinçا	g to relocate?	YES NO				
∖re you a citiz	zen of the United States?	YES NO	If no, are you	u authorized to work in	YES Note the U.S.?	0
Have you ever applied for a position at		YES NO	If yes, when:			
Do you posse	ess a valid Driver's License?	YES NO	State:	_ Driver's License #:		
		Educa	tion			
High School:		City, State	:			N
1. College:		City, State	:		Did you Graduate?	N
Degree:		Major Subjec	t:			
2. College:					Did you YES Graduate?	N
Degree:		Major Subjec	t:		<u></u>	
	Professional /	Technical Lice	nses or Cer	tificates and Skills	:	
. Type:				Issuing Agency:		
icense Num	ber:		Expiration	Date:		
. Type:				Issuing Agency:		
icense Num	ber:		Expiration	Date:		

Please list	the past 10 years of your emp	evious Employment  loyment history starting with your present or most recent job. If
Company:		pace, you may attach additional sheets.  Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
 From:	To:	Pencen for Leguing:
·	To: previous supervisor for a refe	YES NO
way we contact your p		
Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
Responsibilities:		
Responsibilities:		
	To:	
	To:	Reason for Leaving: YES NO
From:	To:	YES NO
From:		YES NO Phone:
From:  Company:  Address:		YES NO Phone:
From:  Company:  Address:  Job Title:		YES NO  Phone:  Supervisor:
From:  Company:  Address:  Job Title:		YES NO  Phone:  Supervisor:
From:  Company:  Address:  Job Title:		YES NO  Phone:  Supervisor:

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.

Date

Signature

## **Required Supplemental Questions**

Responses to these supplemental questions must be completed and submitted together with the required LWD Application form. Clarity, conciseness and completeness of answers are factors considered in the selection process.

If additional space is needed, please attach page(s) after this page.

1.	Tell us about a time when you worked with someone who had a different working style than you. Describe how the styles were different and how did you handle the situation to get the job completed?
2.	Please review the job description. Paying special attention to the Essential Duties of the position, which specific duty are you most skilled at and why?
3.	Tell us about a time you made a mistake at work. Please explain how you resolved it.