



Louisiana Rural Water Association

Please return Employment Application to:

PO Box 180, Kinder, LA 70648

800-256-2591; Fax 337-738-5620

Email: larwa@centurytel.net

Website: www.lrwa.org

(An Equal Opportunity Employer)

Employment Application (Please print or type)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

What category would you prefer? Full-time Part-time Temporary

When can you start? _____

Which schedules are you available? Weekdays Weekends Evenings Nights Overtime
 Shift Other

Referred by: _____

Walk-In Friend Advertisement _____ Other
 Employee Employment Agency Relative List source if other than self _____

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 worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Please select Certifications/Licenses You Currently Hold

- | | | |
|---|---|--|
| <input type="checkbox"/> Level 1 Water Production | <input type="checkbox"/> Level 1 Water Distribution | <input type="checkbox"/> Level 1 Water Treatment |
| <input type="checkbox"/> Level 2 Water Production | <input type="checkbox"/> Level 2 Water Distribution | <input type="checkbox"/> Level 2 Water Treatment |
| <input type="checkbox"/> Level 3 Water Production | <input type="checkbox"/> Level 3 Water Distribution | <input type="checkbox"/> Level 3 Water Treatment |
| <input type="checkbox"/> Level 4 Water Production | <input type="checkbox"/> Level 4 Water Distribution | <input type="checkbox"/> Level 4 Water Treatment |

- | | |
|--|---|
| <input type="checkbox"/> Level 1 Wastewater Collection | <input type="checkbox"/> Level 1 Wastewater Treatment |
| <input type="checkbox"/> Level 2 Wastewater Collection | <input type="checkbox"/> Level 2 Wastewater Treatment |
| <input type="checkbox"/> Level 3 Wastewater Collection | <input type="checkbox"/> Level 3 Wastewater Treatment |
| <input type="checkbox"/> Level 4 Wastewater Collection | <input type="checkbox"/> Level 4 Wastewater Treatment |

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Computer Experience

Please select any computer course you may have experience with:

- Microsoft Office Word Knowledge of Internet Use Knowledge of Smartphone
 Microsoft Office Excel Knowledge of Tablets/iPad
 Microsoft Office PowerPoint Microsoft Outlook and/or other Email Programs

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Driving a motor vehicle is an essential job function for this position which you are applying for, please answer the following questions:

a. Do you currently have a valid license to operate a motor vehicle in this state?

YES NO

b. Have you received any notice that such license may or will be suspended or revoked at any time in the future?

YES NO

c. Have you been at fault in causing or contributing to any motor vehicle accident(s) in the past five (5) years?

YES NO

If yes, please explain your involvement in each accident.

Have you ever been bonded? YES NO

Have you used any names or Social Security Numbers other than those you have listed? YES NO

If yes, please list _____

Have you been convicted of a felony and/or served time in the past seven (7) years for something other than drug possession or use? YES NO

If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge

Have you ever been discharged from a position? YES NO

If you left voluntarily due to dishonesty, insubordination, personal conflict, excessive absenteeism, without a medical excuse, please state why.

References

Please list three professional references. Do not list relatives.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

"I certify that I have read and understand the applicant note on the front page of this form and that all answers given by me herein are true and correct to the best of my knowledge and belief. I hereby authorize the company, its agents and servants, and any credit reporting agency, to verify any information set forth herein including, but not limited to, my criminal history and motor vehicle driving record. I further authorize all persons, schools, former employers and law enforcement agencies to release such information as the company may request concerning my past, and do hereby release such person, school, and former employer and law enforcement agencies from any liability or damages which may result therefrom. I understand that the use of illegal drugs is prohibited during my employment and do hereby submit to drug testing by or at the direction of company to detect the presence or absence of drugs in my body, both prior to and during my employment therewith."

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Applicant Note

This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract. Please print all answers and answer all questions truthfully and completely. Any person found to have intentionally misrepresented or omitted any material fact herein; will automatically be disqualified from further consideration or employment. All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification. A prior felony conviction will not automatically disqualify you from employment.

Affirmative action hiring may be requested by qualified applicants, Additional testing of skills directly related to essential job functions and testing for the presence of drugs or alcohol in your body may be required prior to employment.

If you need assistance to complete this form or for any phase of the employment process, please notify our Human Resources Department.