

Louisiana Rural Water Association

Please return Employment Application to:
PO Box 180, Kinder, LA 70648
800-256-2591; Fax 337-738-5620
Email: Irwa@Irwa.org
Website: www.Irwa.org
(An Equal Opportunity Employer)

Employment Application (Please print or type)

Applicant Information									
Full Name:							Date:		
	Last		Firs	t		M.I.	_	_	
Address:									
	Street Address						Apartmen	t/Unit #	
	City					State	ZIP Code		
Phone:					Email				
Date Availat	ole:	Social	Security No.:			Desired S			
	olied for:								
What catego	ory would you prefer?	Fu	ıll-time		Part-time	Tempor	ary		
When can y	ou start?								
Which sched Shift	dules are you available Other	? \	Weekda	ys	Weekends	Evenings	Nights	Overtime	
Referred by:	:								
Walk-	In Frienc	l		Adv	ertisement			Other	
Emplo	oyee Emplo	yment A	gency		Relative	List source if othe	r than self		
Are you a ci	tizen of the United Stat	es?	YES	NO	If no, are yo	ou authorized to wo		YES NO	
			YES	NO	If yes, when	?			
YES NO Have you ever been convicted of a felony?									
f yes, explain:									
Please select Certifications/Licenses You Currently Hold									
□ Level 1 Water Production □ Level 1 Water Distribution □ Level 1 Water Treatment □ Level 2 Water Production □ Level 2 Water Distribution □ Level 2 Water Treatment									
Level 3 Water Production Level 3 Water Distribution Level 3 Water Treatment									
Level 4 Water Production Level 4 Water Distribution Level 4 Water Treatment									
Level 1 Wastewater Collection									
☐ Level 2 Wastewater Collection ☐ Level 2 Wastewater Treatment ☐ Level 3 Wastewater Treatment									
Level 4 Wastewater Collection									

		Educa	ation				
High School:		Address:_					
		Did you graduate?	YES	NO	Diploma:		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:_					
From:	To:		YES	NO	Degree:		
	_	Computer E	xper	ience	_		
Please select any	/ computer course y	ou may have experience					
☐ 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							
		i levious Li	пріоу	mem			
Company:					Phone:		
Address:							
Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities:							
From:	To:_		Reaso	on for Lea	aving:		
May we contact your previous supervisor for a reference? YES NO							
Company:					Phone:		
Job Title: Ending Salary:\$ Responsibilities:							
From:	To:_		Reas	on for Le	aving:		
May we contact y	YOUR DRAVIOUS SUDAN	visor for a reference?		YES	NO		

Company:				Pr	none:	
Address:			Super\	Supervisor:		
Job Title:		Endi	Ending Salary:\$			
Responsibil	ities:					
From:	To	<u>:</u>	Reason for Leav	ving:		
May we con	ntact your previous supe	ervisor for a reference?	YES	NO		
Driving a mo		tial job function for this p	position which you	are applying f	for, please answe	r the
a. [Do you currently have a YES NO	valid license to operate	a motor vehicle in	this state?		
	Have you received any ure?	notice that such license	may or will be susp	ended or rev	oked at any time i	in the
	YES NO					
c. F	Have you been at fault i YES NO	n causing or contributing	to any motor vehi	cle accident(s	s) in the past five ((5) years?
If y	es, please explain your	involvement in each acc	cident.			
	wan baan bandad?	VEQ. NO				
Have you e	ver been bonded?	YES NO				
Have you us	sed any names or Socia	al Security Numbers other	er than those you h	nave listed?	YES	NO
If yes, pleas	se list					
possession If so, please	or use?	ny and/or served time in YES NO cordance with company			-	-
	Incident	City/St	ate		Charge	
		on a maritima?	-C NO			
-	ver been discharged fro	•				
•	•	esty, insubordination, pe	rsonal conflict, exc	essive absen	teeism, without a	medical
excuse, plea	ase state why.					

Referei	nces					
Please list three professional references. Do not list relatives.						
Full Name:	Relationship:					
Company:	Dhana					
Address:						
Full Name:	Relationship:					
Company:	Dhana					
Address:						
Full Name:	Relationship:					
Company:	D.					
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.