

# APPLICATION FOR EMPLOYMENT

## WARD II WATER DISTRICT

30772 Carter Drive  
P. O. Box 637  
Denham Springs, La. 70727-0637  
Telephone (225) 665-5188  
Fax (225) 665-6616

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We consider applicants for all positions without regard to Race, Color, Religion, Creed, Gender, National Origin, Age, Disability, Marital or Veteran, Sexual Orientation, or any other legally protected status:

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Position (s) Applied For	_____	How Did You Learn About Us? Circle One	
Date of Application	_____	Friend Relative	Walk - In Other

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

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(Circle One)

If you are under 18 years of age, can you provide proof of your eligibility to work?	Yes	No
Have you ever been employed with us before?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (proof of citizenship or immigration status will be required upon employment)	Yes	No
Can you travel if a job requires it?	Yes	No
Have you been convicted of a felony within the last 10 years? (conviction will not necessarily disqualify an applicant from employment)	Yes	No

I Yes, please explain \_\_\_\_\_

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER**

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If related to anyone in our employment state name and department \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred By \_\_\_\_\_

Salary Desired \_\_\_\_\_ Are you employed now? \_\_\_\_\_

If so, Present Employer \_\_\_\_\_ May we inquire at your present employer? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_  
\_\_\_\_\_

Are you available to work:  
(circle one below)

Full Time                      Part Time                      Shift Work                      Temporary

**IN CASE OF AN EMERGENCY NOTIFY:**

NAME                                      ADDRESS                                      TELEPHONE

NAME                                      ADDRESS                                      TELEPHONE

NAME                                      ADDRESS                                      TELEPHONE

**EMPLOYMENT EXPERIENCE:**

1) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

2) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

3) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

4) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

Elementary School  
Address \_\_\_\_\_  
\_\_\_\_\_

High School  
Address \_\_\_\_\_  
Years Completed \_\_\_\_\_  
Diploma (circle one)      Yes      No

College  
Address \_\_\_\_\_  
Years Completed \_\_\_\_\_  
Diploma (circle one)      Yes      No

Describe any specialized Training, Apprenticeship, Skills and Extra-Curricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any Job-Related Training received in the United States Military: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Professional, Trade, Business or Civil Activities and Offices Held: (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)  
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\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:**

Other Qualifications: (summarize special job-related skills and qualifications acquired from employment or other experience)

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Specialized Skills (circle any skills and/or equipment)      CRT      PC      CALCULATOR  
TYPEWRITER      FAX      LOTUS 1-2-3      PBX SYSTEMS      WORD PERFECT

Production/Mobile Machinery: (list) \_\_\_\_\_

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State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

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**REFERENCES:**

1)      Name \_\_\_\_\_  
          Address \_\_\_\_\_  
          Telephone \_\_\_\_\_

2)      Name \_\_\_\_\_  
          Address \_\_\_\_\_  
          Telephone \_\_\_\_\_

3)      Name \_\_\_\_\_  
          Address \_\_\_\_\_  
          Telephone \_\_\_\_\_

## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at anytime with or without cause. It is further understood that this "at will" employment relation may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained in this application. I understand and agree that my employment is for no definite time, and may be terminated at anytime without previous notice.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_