

LAKE LIVINGSTON WATER SUPPLY SEWER SERVICE CORPORATION

Employment Application



PO Box 1149, Livingston, Texas 77351

936-327-3107



Lake Livingston Water Supply is an equal opportunity employer. It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunity for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

PERSONAL INFORMATION

Name: Last, First, Middle _____

Address, City, State, Zip: _____

Phone No. _____ Are you at least 18 yrs old? Yes _____ or No _____

Date Available _____ Position Applied for: _____

Min. Salary Requirements _____ Have you ever been employed by LLWS before? Yes _____ or No _____

If applying for a position which requires driving a vehicle, please provide the following information:

Do you have a valid driver's license? Yes _____ or No _____ DL # _____ State _____

In the case of applicants applying for a position with LLWS which require driving a vehicle, driving records will be checked annually and initially prior to employment. Every LLWS employee who is required to drive a vehicle or operate a piece of equipment which requires a valid driver's license must maintain a safe driving record and may be required to participate in Defensive Driving courses at the request of LLWS.

Unsatisfactory results of a driving record check could be subject to disciplinary action up to and including discharge. Please initial _____

Can you, if hired, submit verification of your legal right to work in the United States? Yes _____ or No _____

U.S. MILITARY SERVICE

Branch of Service: _____ Type of Discharge _____

EDUCATION

Education Level	Name	City/State	Graduated	Degree	Major
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High School					
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Jr. College					
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Trade School					
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College or University					
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Graduate School					
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COMPUTER/SKILLS

Name any software applicable _____

Typing/WPM _____ Calculator by touch? Yes _____ or No _____ Other _____

LICENSES / CERTIFICATIONS

Professional Licenses/Certifications _____

Date Issued _____ License # _____ State _____ Expires Mo/Yr _____

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JOB RELATED TRAINING

Name of Course _____ Yr Completed _____
Name of Course _____ Yr Completed _____
Name of Course _____ Yr Completed _____

EMPLOYMENT HISTORY

LIST YOUR MOST RECENT EMPLOYER FIRST

From (Mo/Yr) _____ To (Mo/Yr) _____ Your position _____
Employer _____ Your supervisor _____
Address _____ Phone _____
Reason for leaving _____
Brief description of your duties: _____

From (Mo/Yr) _____ To (Mo/Yr) _____ Your position _____
Employer _____ Your supervisor _____
Address _____ Phone _____
Reason for leaving _____
Brief description of your duties: _____

From (Mo/Yr) _____ To (Mo/Yr) _____ Your position _____
Employer _____ Your supervisor _____
Address _____ Phone _____
Reason for leaving _____
Brief description of your duties: _____

From (Mo/Yr) _____ To (Mo/Yr) _____ Your position _____
Employer _____ Your supervisor _____
Address _____ Phone _____
Reason for leaving _____
Brief description of your duties: _____

NEPOTISM POLICY COMPLIANCE

In order to comply with the Nepotism Policy of LLWS, please list below if you or your spouse is related to any board member or employee of LLWS. If not applicable please write N/A.

REFERENCES

Name _____ Phone # _____
Yrs Known _____ Relationship (No relatives) _____

Name _____ Phone # _____
Yrs Known _____ Relationship (No relatives) _____

Name _____ Phone # _____
Yrs Known _____ Relationship (No relatives) _____

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I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge, and I authorize any former Employer to release to LLWS, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying identity and eligibility for employment. In addition, I understand that, true copies of all degrees, certifications, or licenses listed on this application must be attached to be considered and before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which will include a drug screen and fitness for duty examination (examination required for most positions). This examination will be conducted by a health care provider of LLWS selection. I understand that a positive result from the drug screen will eliminate me from consideration for any job with LLWS. I understand that positions require random drug testing and if at anytime a positive result is determined then your employment with LLWS will be terminated.

I understand applicants must have a valid drivers's license. The applicants' driving record will be checked as part of the conditional offer of employment. In addition, driving records may be checked annually. Every employee who is required to drive a vehicle or operate a piece of equipment which requires a valid driver's license must maintain a safe driving record and may be subject to disciplinary action, up to and including discharge. It also may be necessary to participate in a Defensive Driving class at the request of LLWS. **I hereby certify that I grant access to LLWS to access my driving record (using my Driver License/ID Card, name, address, date of birth and other personal information necessary).**

I understand the acceptance of this application by the employer neither expresses or implies I will be offered employment. LLWS operates under the legal doctrine of employment-at-will and, within requirements of the state and federal law regarding employment, can dismiss an employee at any time, with or without notice, for any reason or no reason.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION & AGREEMENT STATEMENTS.

Signature of Applicant _____ Date _____

THANK YOU FOR APPLYING WITH LAKE LIVINGSTON WATER SUPPLY.

For Human Resources Use Only. Do Not Write Below This Line.

Date Application Received _____

Interviewed by _____

Conditional offer of employment: Yes _____ or No _____

Position _____ Salary/Wage _____

Interview Notes: _____
