

LAKE LIVINGSTON WATER SUPPLY CORPORATION**Employment Application****1930 N Washington Ave, PO Box 1149, Livingston, TX 77351****936-327-3107**

LLWSC 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 person regardless of race, reed, 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 LLWSC 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 LLWSC which require driving a vehicle, driving records will be checked annually and initially prior to employment. Every LLWSC 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 LLWSC. 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/Zip	Graduated	Degree	Major
High School					
Jr. College					
Trade School					
College or University					
Graduate School					

COMPUTER/SKILLS

Name any software applicable _____

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

LICENSES/CERTIFICATIONS

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

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JOB RELATED TRAINING

Name of Course: _____ Year Completed: _____
Name of Course: _____ Year Completed: _____
Name of Course: _____ Year Completed: _____

EMPLOYMENT HISTORY

LIST YOUR MOST RECENT EMPLOYER FIRST

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

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

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

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

NEPOTISM POLICY COMPLIANCE

In order to comply with the Nepotism Policy of LLWSC, please list below if you or your spouse are related to any member of the Board of Director's or an employee of LLWSC. If not applicable, please write N/A:

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REFERENCES

Name: _____
Years Known: _____
Phone # _____
Relationship (NO Relatives) _____

Name: _____
Years Known: _____
Phone # _____
Relationship (NO Relatives) _____

Name: _____
Years Known: _____
Phone # _____
Relationship (NO Relatives) _____

Name: _____
Years Known: _____
Phone # _____
Relationship (NO Relatives) _____

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 LLWSC, 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 LLWSC selection. I understand that a positive result from the drug screen will eliminate me from consideration of any job with LLWSC. I understand that positions require random drug testing and if at anytime a positive result is determined then your employment with LLWSC will be terminated.

I understand applicants must have a valid driver'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 actions, up to and including termination. It also may be necessary to participate in a Defensive Driving class at the request of LLWSC. I hereby certify that I grant access to LLWSC 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. LLWSC 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 CORPORATION

For Human Resources use Only. DO NOT write below this line.

Date Application Received: _____

Interviewed by: _____

Conditional offer of employment: Yes _____ No _____

Position: _____ Salary/Wage: _____

Interview Notes: _____