

LINCOLN COUNTY WATER DISTRICT (LCWD)
Employment Application
An Equal Opportunity Employer

If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone: () _____

Position Applied For: _____
 How did you hear about this position? Advertisement ___ Walk-In ___
 Referral _____ (who referred) Other _____

If offered employment, when can you be available to begin? _____
 What type of employment will you accept? Full-Time ___ Part-Time ___ Temporary ___
 Will you be available for shift work? Yes ___ No ___
 Will you be available to work weekends and/or holidays if necessary? Yes ___ No ___
 Have you been given a job description or had the requirements of the job explained to you?
 Yes ___ No ___
 Do you understand the job requirements? Yes ___ No ___
 Can you perform the requirements of this job with or without reasonable accommodations?
 Yes ___ No ___
 To qualify for this employment, applicants must be a minimum of 18 years, unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age?
 Yes ___ No ___
 After an offer of employment, can you submit verification of your legal right to work in the United States? Yes ___ No ___
 List other names, if any, you have used: _____

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes ___ No ___

SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE	MAJOR FIELD OF STUDY
Business/Technical/Vocational				
1.				
2.				
College/University(Undergraduate)				
1.				
2.				
Graduate School				

For positions which require a high school graduation or GED or a college degree, a copy of the high school diploma/GED certificate or college diploma may be required.

LICENSES: (Optional, unless required for the position for which you are now applying)
List current licenses, certifications, or registrations required for the position for which you are applying. Indicating types, state license numbers, and expiration dates:

Answer only if position requires:

1. Do you possess a valid driver's license? Yes _____ No _____
If so, license expires _____ Class _____ Restrictions (if any) _____
2. For positions that require typing:
I certify that I can type at a speed of _____ WPM.

In addition to English, list any other language abilities you possess:

- a) Verbal fluency in _____
- b) Written fluency in _____

List any special skills you possess and/or equipment or office machines you can operate:

OTHER INFORMATION

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime, other than a minor traffic infraction? Yes _____ No _____

If yes, list all such offenses and provide date, name of court, and disposition. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

Have you ever been disciplined in your employment related to workplace violence?

Yes _____ No _____

If yes, please explain: _____

Do you presently use illegal drugs? Yes _____ No _____

Have you ever been employed by the **LCWD**? Yes _____ No _____

If yes, please provide the following information:

Department _____ Position Title _____

Dates of Employment _____ Reason for Separation _____

Are you related to anyone who is currently employed by the **LCWD**? Yes _____ No _____

Related person's name: _____ Department: _____

Relationship: _____

EMPLOYMENT HISTORY

Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other positions in order held, beginning with the most recent. Use a separate block for each position, even if with the same organization. Use additional sheets if necessary. Do **NOT** use references such as "See Resume" in place of completing this section.

May we contact all employers listed? Yes _____ No _____ (Attach a list of any exceptions)

Present Employer: _____ Present Position: _____
Address: _____
From (Mo. /Yr.) _____ To (Mo. /Yr.) _____ Salary: _____
City, State, Zip: _____
Full-Time (30+ hrs. /wk.) _____ Part-Time (<30hrs. /wk.) _____
Supervisor's Name/Title: _____ Telephone: _____
Related Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____
Address: _____
From (Mo. /Yr.) _____ To (Mo. /Yr.) _____ Salary: _____
City, State, Zip: _____
Full-Time (30+ hrs. /wk.) _____ Part-Time (<30hrs. /wk.) _____
Supervisor's Name/Title: _____ Telephone: _____
Related Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____
Address: _____
From (Mo. /Yr.) _____ To (Mo. /Yr.) _____ Salary: _____
City, State, Zip: _____
Full-Time (30+ hrs. /wk.) _____ Part-Time (<30hrs. /wk.) _____
Supervisor's Name/Title: _____ Telephone: _____
Related Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____
Address: _____
From (Mo. /Yr.) _____ To (Mo. /Yr.) _____ Salary: _____
City, State, Zip: _____
Full-Time (30+ hrs. /wk.) _____ Part-Time (<30hrs. /wk.) _____
Supervisor's Name/Title: _____ Telephone: _____
Related Duties: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (Continued)

Employer: _____ Position: _____
Address: _____
From (Mo. /Yr.) _____ To (Mo. /Yr.) _____ Salary: _____
City, State, Zip: _____
Full-Time (30+ hrs. /wk.) _____ Part-Time (<30hrs. /wk.) _____
Supervisor's Name/Title: _____ Telephone: _____
Related Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____
Address: _____
From (Mo. /Yr.) _____ To (Mo. /Yr.) _____ Salary: _____
City, State, Zip: _____
Full-Time (30+ hrs. /wk.) _____ Part-Time (<30hrs. /wk.) _____
Supervisor's Name/Title: _____ Telephone: _____
Related Duties: _____

Reason for Leaving: _____

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application.

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the areas to indicate that you have read and understand each of the statements. If you have any questions, contact the LCWD office, 775-962-5164.

_____ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

_____ This application is the property of the LCWD and will become part of my personnel file if I am hired.

_____ I authorize the LCWD to contact any employer or individual that I have listed on my employment application and/or resume or mentioned during job interviews, to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits for job performance, or other relevant qualifications for employment and/or continued employment with the LCWD. In addition, I authorize the LCWD to conduct a background search which includes criminal history and military history. In addition, if the position I am applying for requires driving an employer vehicle, I authorize the employer to conduct a Department of Motor Vehicles (DMV) search. If the position to which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize the LCWD to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

_____ In exchange for the LCWD's consideration of my employment application, and/or my continued employment with the LCWD, if any, I authorize possessing information to furnish it to the LCWD upon request, and I release the organizations and all individuals providing the information or acquiring the information, including the LCWD, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

_____ I further understand this consent will apply during the entire course of my employment with the LCWD should I obtain such employment. I understand and agree this consent shall remain indefinitely.

_____ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with the LCWD. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from the LCWD, constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I further understand and agree that this paragraph applies to any information supplied by me at a later date as a part of this application.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____
