



# West Vernon Parish Waterworks District

Please Return Employment Application to:

P.O. Box 400 - 5292 Hwy 171

Anacoco, LA 71403

Ph.: (337)238-2656 Fax: (337)238-2658

Email: [wwater@gmail.com](mailto:wwater@gmail.com)

An Equal Opportunity Employer and Provider

## Employment Application (Please print or type)

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

What category would you prefer? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

When can you start? \_\_\_\_\_

Which schedules are you available? \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Overtime  
\_\_\_\_\_ Shift \_\_\_\_\_ Other

Referred by: \_\_\_\_\_  
\_\_\_\_\_ Walk-In \_\_\_\_\_ Friend \_\_\_\_\_ Advertisement \_\_\_\_\_ Other  
\_\_\_\_\_ Employee \_\_\_\_\_ Employment Agency \_\_\_\_\_ Relative List source if other than self \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Please select Certifications/Licenses You Currently Hold

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Level 1 Water Production | <input type="checkbox"/> Level 1 Water Distribution | <input type="checkbox"/> Level 1 Water Treatment |
| <input type="checkbox"/> Level 2 Water Production | <input type="checkbox"/> Level 2 Water Distribution | <input type="checkbox"/> Level 2 Water Treatment |
| <input type="checkbox"/> Level 3 Water Production | <input type="checkbox"/> Level 3 Water Distribution | <input type="checkbox"/> Level 3 Water Treatment |
| <input type="checkbox"/> Level 4 Water Production | <input type="checkbox"/> Level 4 Water Distribution | <input type="checkbox"/> Level 4 Water Treatment |

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Computer Experience

Please select any computer course you may have experience with:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Microsoft Office Word                         | <input type="checkbox"/> Microsoft Office Excel    | <input type="checkbox"/> Microsoft Office PowerPoint |
| <input type="checkbox"/> Microsoft Outlook and/or other Email Programs |  | <input type="checkbox"/> Knowledge of Internet Use   |
| <input type="checkbox"/> Knowledge of Smartphone                       | <input type="checkbox"/> Knowledge of Tablets/iPad |  |

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Driving a motor vehicle is an essential job function for this position which you are applying for, please answer the following questions:

a. Do you currently have a valid license to operate a motor vehicle in this state? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Have you received any notice that such license may or will be suspended or revoked at any time in the future? \_\_\_\_\_ Yes \_\_\_\_\_ No

c. Have you been at fault in causing or contributing to any motor vehicle accident(s) in the past five (5) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain your involvement in each accident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you used any names or Social Security Numbers other than those you have listed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list \_\_\_\_\_

Have you been convicted of a felony and/or served time in the past seven (7) years for something other than drug possession or use? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge

Have you ever been discharged from a position? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you left voluntarily due to dishonesty, insubordination, personal conflict, excessive absenteeism, without a medical excuse, please state why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## References

Please list three professional references. Do not list relatives.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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.