



APPLICATION FOR EMPLOYMENT

Limestone County Water & Sewer Authority

AN EQUAL OPPORTUNITY EMPLOYER

LCWSA receives applications and hires employees without regard to race, creed, color, sex, religion, age, sexual orientation, national origin, marital status, physical or mental handicap, disability, veteran's status, or any other protected category. The receipt of this application does not mean that a job opening exists and does not obligate LCWSA to make an employment offer to any candidate. We appreciate your interest in our organization.

General Instructions

A separate application is required for each position. Complete all parts of the application. Applications not properly completed may not be considered.

POSITION FOR WHICH YOU ARE APPLYING:

Date:

PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Mailing Address		City			County
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address

Have you been convicted of a felony crime since your 18th birthday? Conviction is not an automatic bar to employment. Each case is considered individually and based on job-relatedness. If you answer yes, please complete the following:

Nature of Offense *Name & Location of Court* *Date of Conviction*

(Inaccurate information here will result in disqualification)

Yes No

Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason.

Employer *Date and Reason*

Yes No

Are any of your educational or employment records found under a different name? If so, please list the name(s).

Yes No

EDUCATION AND TRAINING

Did you graduate from High School or obtain a GED?

YES NO

Name and Location of Last High School Attended

Name: _____ Location: _____

RELATED SPECIAL TRAINING (Correspondence, Business, Trades, Vocational, Armed Forces Schools, etc.)

Names and Locations of School(s)	Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received

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Title of Position Held:	Number of Employees You Supervised:
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Name & Title of Immediate Supervisor:	Telephone Number
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Hours per Week	Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy):	Starting Salary/Wage: \$ per	Ending Salary/Wage: \$ per
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Reason for Leaving:

Describe job responsibilities in order of importance:

3	Employer: Street address: City: State: Zip:
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Reason for Leaving:

Describe job responsibilities in order of importance:

GAPS IN EMPLOYMENT

Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy)	Reason:
Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy)	Reason:
Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy)	Reason:

PLEASE CONTINUE EMPLOYMENT AND GAPS IN EMPLOYMENT ON SEPARATE PAGE(S) AND ATTACH TO THE APPLICATION.

PROFESSIONAL REFERENCES

Name/Title/Company	Relationship (e.g. Supervisor, Co-Worker, etc.)	Telephone Numbers/E-Mail Address

EMPLOYER NOTICES

Non-Discrimination Policy:
 LCWSA believes in Equal Opportunity Employment and does not discriminate in employment based on age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.

E-Verify Compliance:
 LCWSA participates in the E-Verify program, as required by Alabama law.

Background Investigations:
 Criminal background checks are conducted on applicants.

Drug Free Workplace:
 LCWSA is a Drug Free Workplace.

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary supplements are true. I give the employer the right to investigate all information given and to secure additional appropriate information, if necessary.

I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the employer by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the employer and does not obligate the employer to me in any way. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes all verbal representations made by agents or representatives of this organization.

I further understand that any misrepresentation herein WILL cause my application to be rejected, my name to be removed from consideration for the position for which I am applying, and/or subject me to dismissal.

By my signature, I certify, authorize, and acknowledge the above statements.

Signature:

Date: