



North Lauderdale Water Association

9709 Mount Carmel Road (PO Box 143)

Bailey, Mississippi 39320

601-681-6157

customerservice@nlwa.ms

facebook.com/northlauderdalewater

APPLICATION FOR EMPLOYMENT

This application form is intended for use in evaluating your qualifications for employment.

Write "Not Applicable" if the question does not apply.

Please read the Applicant's Statement in full before signing.

Personal Information

Application Date: _____ Social Security Number: _____

Name _____
Last Name First Name Middle Name

Current Address _____
Street and/or Post Office Box

City State Zip Code

Prior Address _____
Street and/or Post Office Box

City State Zip Code

Home Phone: _____ Cellular Phone: _____

May we contact you at work? ☐ Yes ☐ No Best time to contact you? _____ ☐ AM ☐ PM

Work Phone: _____ E-Mail: _____

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Are you eligible to work for any United States employer at this time? ☐ Yes ☐ No

Are you over 18 years of age? ☐ Yes ☐ No

If you have ever worked under or earned degrees under another name, please list below: N/A

LAST NAME FIRST NAME MIDDLE NAME

LAST NAME FIRST NAME MIDDLE NAME

Position Desired

Position Applied for _____

Type of employment desired ☐ Full -Time ☐ Part –Time ☐ Temporary (which includes project employee, seasonal, summer student, intern)

How did you learn of this vacancy? _____

Salary Desired (Annual) \$ _____

Salary Desired (Hourly) \$ _____

Date available for work? _____

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

Can you work overtime (more than 40 hours in a week)? ☐ Yes ☐ No

Can you work extended hours, i.e., four ten-hour days? ☐ Yes ☐ No

Background Information

Have you previously been employed by North Lauderdale Water Association or another water agency? ☐ Yes ☐ No

If yes, indicate, position, department, association name and dates:

Do you have any relatives employed at NLWA? ☐ Yes ☐ No If yes, list who and their relationship below:

Do you have a current valid driver's license? ☐ Yes ☐ No

If yes, License No.: _____ State: _____ Expiration Date: _____

If no, why not? _____

Have you ever plead "no contest," "nolo contendere," or "guilty" to a crime, or been convicted of a crime? ☐ Yes ☐ No

Are any such charges currently pending against you? ☐ Yes ☐ No

If you answered yes, please give dates and details:

(NOTE: Answering "yes" to above questions does not automatically prohibit employment)

Please list all violations within the last five (5) years:

Offense	Date	Location	Comments

What class commercial driver's license (CDL) do you currently hold? ☐ A ☐ B ☐ C ☐ D ☐ R ☐ N/A

Have you ever been denied a license, permit or privilege to operator a motor vehicle? ☐ Yes ☐ No

If yes, when and why? _____

Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, when and why? _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

EMPLOYER:	DATES EMPLOYED				HOURLY RATES / SALARY	
	FROM		TO		Starting \$ (Hrly)	Ending \$ (Hrly)
	Mo	Yr	Mo	Yr		
STARTING JOB TITLE/FINAL JOB TITLE	SUMMARIZE WORK PERFORMED AND JOB RESPONSIBILITIES					
IMMEDIATE SUPERVISOR AND TITLE						
REASON FOR LEAVING						
TELEPHONE NUMBER						
MAY WE CONTACT FOR REFERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER						
EMPLOYER:	DATES EMPLOYED				HOURLY RATES / SALARY	
	TO		Starting \$ (Hrly)		TO	Starting \$ (Hrly)
	Mo	Yr	Mo	Yr	Mo	Yr
STARTING JOB TITLE/FINAL JOB TITLE	SUMMARIZE WORK PERFORMED AND JOB RESPONSIBILITIES					
IMMEDIATE SUPERVISOR AND TITLE						
REASON FOR LEAVING						
TELEPHONE NUMBER						
MAY WE CONTACT FOR REFERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER						

EMPLOYER:	DATES EMPLOYED				HOURLY RATES / SALARY	
	FROM		TO		Starting \$ (Hrly)	Ending \$ (Hrly)
	Mo	Yr	Mo	Yr		
STARTING JOB TITLE/FINAL JOB TITLE	SUMMARIZE WORK PERFORMED AND JOB RESPONSIBILITIES					
IMMEDIATE SUPERVISOR AND TITLE						
REASON FOR LEAVING						
TELEPHONE NUMBER						
MAY WE CONTACT FOR REFERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER						
EMPLOYER:	DATES EMPLOYED				HOURLY RATES / SALARY	
	TO		Starting \$ (Hrly)		TO	Starting \$ (Hrly)
	Mo	Yr	Mo	Yr	Mo	Yr
STARTING JOB TITLE/FINAL JOB TITLE	SUMMARIZE WORK PERFORMED AND JOB RESPONSIBILITIES					
IMMEDIATE SUPERVISOR AND TITLE						
REASON FOR LEAVING						
TELEPHONE NUMBER						
MAY WE CONTACT FOR REFERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER						

Please explain fully any gaps in employment history. Be sure to account for all periods of time including military service and any period of unemployment. N/A

Education and Training

Indicate Last Level of Education Completed

Type of Education	Name and Location (City, State, Country)	GPA	Did you graduate?	GED / Diploma	Major / Minor	Degree Earned
High School <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12						
College or University <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4						
Graduate School <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4						
Trade/Technician						

List any professional designations, certifications, licenses or courses: _____

List any computer skills (software programs, hardware, operating systems): _____

Other skills or experience that are pertinent to the job applied for: _____

Professional References

(Please list only references that we may contact at this time, who are not kin and who have knowledge of your qualifications for the position for which you are applying.)

Name	Title/Relationship	Company	Phone Number
			Home
			Work
			Home
			Work
			Home
			Work
			Home
			Work
			Home
			Work
			Home
			Work

Applicant's Statement

Employment–At-Will: I understand that employment with NLWA is at-will with no guarantee of continued employment and employment may be terminated by either party at any time without liability or obligation whatsoever to either party.

While NLWA will observe applicable employment laws and regulations, the Association reserves the right, in its sole discretion, to determine and enforce appropriate work rules, safety rules and standards of job performance

I understand that this employment application and any other association documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for six months from the date of my hiring and at the end of that period, will be evaluated. Successful completion of this trial period does not guarantee continued employment.

An Equal Opportunity Employer: I understand that NLWA is committed to providing equal employment opportunity in all aspects of employment—including recruitment, hiring, transfer, promotion, compensation, benefits, training and educational assistance—to all employees without regard to race, creed, color, national origin, religion, sex, age, handicap, Vietnam era or disabled veteran status.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give NLWA or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to NLWA. I also authorize the NLWA to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that NLWA requires, to the extent permitted by law and Company policy, an employment physical and drug and alcohol screening of any applicant or employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the association or its designee. I understand my employment is contingent upon the results of a drug and alcohol screening and a pre-employment physical to determine my physical ability to perform the job. A confirmed positive drug and/or alcohol screen will result in my disqualification from employment. I release the association and its designee from any and all liability and damages which may result or arise from any pre-employment physical and/or drug and alcohol testing or the provision of information in connection with such a test. I also consent to an inspection, by NLWA or its designee, of my person, vehicle, locker, desk and personal property while I am on duty or on company property if deemed necessary by NLWA and I agree to hold NLWA or its designee harmless from any such inspection.

I understand that testing of job skills may be required prior to employment to determine the ability to perform job task.

I certify that all information I have provided on this application and during the interview process in order to apply for and secure employment with NLWA is true, complete, and correct. I agree that if any information provided is found to be false, incomplete, misleading, or unsatisfactory in any respect (in NLWA's judgment) that I will be disqualified from consideration of employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a separate written notification that NLWA may obtain a consumer report on me for use in connection with my application, which may include: employment history, DOT commercial driving record (including drug/alcohol testing information), criminal history, workers' compensation history, credit history, character, general reputation, and other personal characteristics. I authorize the association to obtain this report.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant's Statement.

Signature of Applicant _____ Date _____

FOR COMPANY USE ONLY

- ☐ Social Security Validation
- ☐ Driving Record Check
- ☐ Criminal Record Check
- ☐ Whitepages Background Check
- ☐ Previous Employment Verification
- ☐ Education Verification
- ☐ Contact References