

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT
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SUPERVISOR'S NAME: _____

**LAKENGREN WATER AUTHORITY
PERSONNEL POLICY AND PROCEDURES MANUAL**

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BEGINNING SALARY:_____ PER_____ CURRENT SALARY:_____ PER_____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DO YOU WANT TO LEAVE?_____

PREVIOUS EMPLOYER:_____

ADDRESS:_____

PHONE NUMBER:_____

DATES EMPLOYED:_____ TO:_____

JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:_____ PER_____ CURRENT SALARY:_____ PER_____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DID YOU LEAVE?_____

PREVIOUS EMPLOYER:_____

ADDRESS:_____

PHONE NUMBER:_____

DATES EMPLOYED:_____ TO:_____

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JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:_____ PER_____ CURRENT SALARY:_____ PER_____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DID YOU LEAVE?_____

PREVIOUS EMPLOYER:_____

ADDRESS:_____

PHONE NUMBER:_____

DATES EMPLOYED:_____ TO:_____

JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:_____ PER_____ CURRENT SALARY:_____ PER_____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DID YOU LEAVE?_____

PREVIOUS EMPLOYER:_____

ADDRESS:_____

PHONE NUMBER:_____

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DATES EMPLOYED:_____ TO:_____

JOB TITLE:_____

SUPERVISOR'S NAME:_____

BEGINNING SALARY:_____ PER_____ CURRENT SALARY:_____ PER_____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.:_____

WHY DID YOU LEAVE?_____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A
BLANK SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE
EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO
DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO
PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED:_____

ADDRESS:_____

DID YOU GRADUATE?_____ HIGH SCHOOL EQUIVALENT?_____

COURSES PERTAINING TO JOB APPLIED FOR:_____

ACTIVITIES, AWARDS, SPORTS, ETC.:_____

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COLLEGE OR TRADE SCHOOL ATTENDED:_____

ADDRESS:_____

DATES OF ATTENDANCE:_____ TO:_____

DID YOU GRADUATE?_____ DEGREE:_____

COURSES PERTAINING TO JOB APPLIED FOR:_____

ACTIVITIES, AWARDS, SPORTS, ETC.:_____

GRADUATE SCHOOL(S) ATTENDED:_____

ADDRESS:_____

DATES OF ATTENDANCE:_____ TO:_____

DID YOU GRADUATE?_____ DEGREE:_____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION
ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK,
ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE
EVALUATION OF YOUR APPLICATION.

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PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN: _____

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS FOR POSITIONS APPLIED FOR.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES ☐ NO ☐

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES ☐ NO ☐

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES ☐ NO ☐

ARE YOU A RESIDENT OF OHIO? YES ☐ NO ☐

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT?

YES ☐ NO ☐

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PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: _____

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3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials:_____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials:_____

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials:_____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)