

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.

A separate application is required for completed may not be considered.	General Insti each position. Comple		application.	Applications not properly	
POSITION FOR WHICH YOU ARE APPLY		Date:			
	PERSONAL INFO	RMATION			
Last Name	First Name		Middle Init	iddle Initial	
Mailing Address	City			County	
State Zip Cell Telephone No.				dress	
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 jobrelatedness. 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)					
Have you ever been discharged or force employer, date and reason. Employer	d to resign from any pos Date and Reaso		give	☐ Yes ☐ No	
Are any of your educational or employn please list the name(s).	nent records found unde	r a different name?	☐ Yes ☐ No		
EDUCATION AND TRAINING					
Did you graduate from High School or obtain a GED? 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/	Courses/Subjects Completed		Diplomas/Certificates Received	

Names and Locations of School(s)		Credit	Credit Hours		you uate?	Degree Earned	Major/Field(s) of Study
		Sem.	Qtr.	Yes	No	e.g. BA, MS	11 11 11 11 11
14-15-15				110			
						ant.	10"
	CAADI OVMENIT LI	ICTORY (must be	comple	l and awa	a if atta	-bing a rácum	.41
	EMPLOYMENT H					the stand of the same	hanged jobs or your title
ips in employmen ecessary.	it, please describe in th	e section below			tory. Ple		e last 10 years. If there are n additional sheet(s), if
ay we contact you	ur present employer?	YES NO [Comin	nent:		
Street add City:		ate:	Zip:				
tle of Position Hel	ld:					Number of I	Employees You Supervised
itle of Position Hel	ld: mediate Supervisor:					Number of (
		Ending Dat (mm/dd/yy		Star \$	rting Sala	Telephone N	
Iame & Title of Imi Hours per	mediate Supervisor: Starting Date (mm/dd/yy)			_		Telephone N	Number Ending Salary/Wage:
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Hours per Week eason for Leaving.	mediate Supervisor: Starting Date (mm/dd/yy)	(mm/dd/yy				Telephone N	Number Ending Salary/Wage:

Title of Position H	leld:	,		Number of E	mployees You Supervised:		
Name & Title of Immediate Supervisor:					Telephone Number		
Hours per Week	Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy):	Starting Sal \$ p	ary/Wage: er	Ending Salary/Wage: \$ per		
Reason for Leavir	ng:		241 -				
Describe job resp	onsibilities in order of ir	mportance:					
-0.04							
Employe 3 Street a City:	ddress:	tate: Zip:		Number of E	Employees You Supervised:		
3 Street a City: Title of Position F	ddress: St Held:	tate: Zip:		-			
3 Street a City: Title of Position F	ddress:	tate: Zip:		Number of E			
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GAPS IN EMPLOYMENT						
Starting Date (mm/dd/yy)	Endin	g Date (mm/dd/yy)	Reason:			
Starting Date (mm/dd/yy)	Endir	g Date (mm/dd/yy)	Reason:			
Starting Date (mm/dd/yy)	Endir	g Date (mm/dd/yy)	Reason:			
PLEASE CONTINUE EMPLAPPLICATION.	LOYMEI	NT AND GAPS IN EMP	PLOYMENT ON SEP	ARATE PAGE(S) AND ATTACH TO THE		
		PROFI	ESSIONAL REFEREN	ICES		
Name/Title/Company	Relationshin le g Su		upervisor, Co-	Telephone Numbers/E-Mail Address		
		ag.	,			
	-					
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: