



Sequoyah County Rural Water District #4

PO Box 128 / 461426 East 1105 Road

Sallisaw, OK 74955

Office: (918) 774-9869 Fax: (918) 774-9334

www.sequoyahrwd4.com / scrwd4@yahoo.com

EMPLOYMENT APPLICATION

Sequoyah County Rural Water District #4 ("the District") is an **Equal Opportunity Employer**. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If you require assistance filling out this application or during any phase of the application, interview, or employment process, please notify District personnel and every reasonable effort will be made to accommodate your needs in a timely manner.

Please fill out all sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State, & Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Additional Contact Name & Phone Number (if desired): _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

Are you available to be on-call in case of an emergency? **Yes No**

If required, are you available to work overtime? **Yes No** Nights & weekends? **Yes No**

Do you have reliable transportation to & from work? **Yes No**

Personal Information

Have you ever applied to or worked for Sequoyah County Rural Water District #4 before? **Yes No**

If yes, when? _____

Are you 18 years of age or older? **Yes No**

Are you a U.S. citizen or approved to work in the United States? **Yes No**

(NOTE: Documentation regarding identity, citizenship & employment eligibility will be required if employed.)

Will you consent to a controlled substance test if required? **Yes No**

Do you have any condition which may require job accommodations? **Yes No**

If yes, please describe accommodations that may be needed:

(NOTE: Additional testing of job-related skills & for the presence of drugs in your body may be required prior to employment. Depending on the needs of the job, you may be required to complete a medical history form &/or required to be examined by a medical professional designated by the District to determine your ability to perform the essential functions of the job, with or without reasonable accommodation. Accommodation is reasonable if it does not impose an undue hardship to the District and does not create a direct threat to the health & safety of yourself or others.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? **Yes No**

If yes, please state the nature of the crime(s), when & where convicted & disposition of the case(s):

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, & the surrounding circumstances & the relevance of the offense to the position(s) applied for may, however, be considered.)

Education & Training

	<i>Name & Location (City, State)</i>	<i>Course of Study</i>	<i>Year Graduated / Completed</i>	<i>Diploma / Degree / Certification Earned</i>
High School				
College / University				
Vocational / Technical School				
Additional / Specialized Training				

Previous Employment

Name & Address of Company & Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	May we contact this employer? Yes No
	Mo.		Mo.					
	Yr.		Yr.		Per	Per		
		Describe the work you did:						
Name of Supervisor:						Telephone:		

Name & Address of Company & Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	May we contact this employer? Yes No
	Mo.		Mo.					
	Yr.		Yr.		Per	Per		
		Describe the work you did:						
Name of Supervisor:						Telephone:		

Name & Address of Company & Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	May we contact this employer? Yes No
	Mo.		Mo.					
	Yr.		Yr.		Per	Per		
		Describe the work you did:						
Name of Supervisor:						Telephone:		

Skills & Qualifications

Please list below any skills & qualifications you possess for the position you are applying for or any other experience or training that may make you especially suited for working with us.

Equipment you are skilled at operating including types of vehicles, heavy & light duty equipment, computers & software, etc.:

Professional licenses, certifications, or registrations:

Additional skills, abilities, or qualifications including utility system experience, customer service experience, additional languages spoken, awards, honors, or any other information you wish to bring to the employer’s attention:

Do you have a valid driver’s license? **Yes No**

If yes, what state was it issued in? _____

What type of driver’s license? _____ Expiration date of license _____

Have you ever possessed a state issued utility operator’s license? **Yes No**

If yes, what state was it issued in? _____

What type of license? _____ Expiration date of license _____

Military

Are you a member of the Armed Services? **Yes No**

If yes, what branch of the military? _____ Dates of service: _____

What was your military rank when discharged? _____

What military skills do you possess that would be an asset for this position?

References

Please provide 3 personal &/or professional reference(s):

<i>Reference Name</i>	<i>Reference Contact Information</i>

Please Read & Sign

- ◆ I certify that I have not purposely withheld any information that might adversely affect my chances for employment with the District. I attest to the fact that the answers given by me are true & correct to the best of my knowledge & ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure the position can be grounds for rejection of this application or, if I am employed by the District, terms for my immediate termination.
- ◆ I understand that if I am employed, my employment is not definite & can be terminated at any time either with or without prior notice, & by either me or the District.
- ◆ I permit the District to examine my references, record of employment, education record, & any other information I have provided. I authorize the references I have listed to disclose any information related to my work record & my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the District, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ **Date:** _____