

Noble County Rural Water District #2

17250 John Wayne

Perry, OK

Phone (580) 336-0246 • District Manger Cell (580) 336-7744

APPLICATION FOR EMPLOYMENT

Date: _____

PLEASE PRINT OR TYPE. APPLICATIONS MUST BE COMPLETE AND LEGIBLE

NAME _____ SOCIAL SECURITY NO. _____ - _____ - _____
(Last) (First) (Middle)

MAILING ADDRESS _____ PHONE _____ - _____
(Street) (City) (State) (Zip)

List any other names used if different from name on this application: _____

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSITION APPLIED FOR

List exact location and title of position for which you wish to apply: Application is incomplete and will not be considered if this area left blank.
Do you have any relatives working for the Company? If so, list names and relationships:

Full-Time Part-Time Summer

What is your wage/salary expectation? _____ Date Available for Work? _____

What days and hours are you available to work? _____

Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Current Driver's License # (if required for position) _____
(State) (Number)

Commercial Driver's License Yes No

Have you ever been convicted of a felony or subjected to a deferred adjudication of a felony charge, including a pleas of no contest?
 Yes No If you answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). Due to the requirements of our government funding agents, any felony conviction may disqualify you from employment with Big Five.

Education Note: Applicants may be required to provide proof of diploma, degree, transcripts, license, certification, etc.

Type of School	Name and Location of School	Dates Attended				Did You Graduate	Date Graduated		Sem/Clock Hours Completed	Type of Diploma or Degree	Major / Minor Fields of Study
		From		To			Mo.	Yr.			
		Mo.	Yr.	Mo.	Yr.						
High School											
Colleges or Universities											
Technical, Vocation, or Business Schools											

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or officer equipment you can use, such as calculators, printing or graphic equipment, computer equipment, types of software and hardware.
(Attach additional page if necessary.)

Certifications:

It is important for you to furnish a detailed statement of your work history. Use a separate block for each position. List first your present or last employer and work back. Account for all periods of unemployment. (Attach additional page if necessary.)

If you are currently employed, may we contact your current employer? Yes No

Position Title:						Immediate Supervisor Name:	Full Time	<input type="checkbox"/>		
Employer:							Part-Time	<input type="checkbox"/>		
Mailing Address: City and State/Zip							Summer	<input type="checkbox"/>		
Employer's Telephone No.							Title	Temp/Project	<input type="checkbox"/>	
Starting Date			Leaving Date			Current/Final Salary	Technical	<input type="checkbox"/>	Supervisor's Telephone No.	Give average # of hours worked per week if part-time
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial	<input type="checkbox"/>		
						\$	Supervisory/ Managerial	<input type="checkbox"/>		
Summary of Experience:										
Specific Reason for Leaving:							Person Contacted: Result:			

Position Title:						Immediate Supervisor Name:	Full Time	<input type="checkbox"/>		
Employer:							Part-Time	<input type="checkbox"/>		
Mailing Address: City and State/Zip							Summer	<input type="checkbox"/>		
Employer's Telephone No.							Title	Temp/Project	<input type="checkbox"/>	
Starting Date			Leaving Date			Current/Final Salary	Technical	<input type="checkbox"/>	Supervisor's Telephone No.	Give average # of hours worked per week if part-time
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Summary of Experience:										
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Position Title:							Immediate Supervisor Name:		Full Time	<input type="checkbox"/>
Employer:									Part-Time	<input type="checkbox"/>
Mailing Address: City and State/Zip									Summer	<input type="checkbox"/>
Employer's Telephone No.							Title		Temp/Project	<input type="checkbox"/>
Starting Date			Leaving Date			Current/Final Salary	Technical	<input type="checkbox"/>	Supervisor's Telephone No.	Give average # of hours worked per week if part-time
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial	<input type="checkbox"/>		
						\$	Supervisory/Managerial	<input type="checkbox"/>		
Summary of Experience:										
Specific Reason for Leaving:							Person Contacted: Result:			

Position Title:							Immediate Supervisor Name:		Full Time	<input type="checkbox"/>
Employer:									Part-Time	<input type="checkbox"/>
Mailing Address: City and State/Zip									Summer	<input type="checkbox"/>
Employer's Telephone No.							Title		Temp/Project	<input type="checkbox"/>
Starting Date			Leaving Date			Current/Final Salary	Technical	<input type="checkbox"/>	Supervisor's Telephone No.	Give average # of hours worked per week if part-time
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial	<input type="checkbox"/>		
						\$	Supervisory/Managerial	<input type="checkbox"/>		
Summary of Experience:										
Specific Reason for Leaving:							Person Contacted: Result:			

Give at least three references other than relatives or supervisors listed above.

Name	Telephone	Organization	Relationship	Known how long?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or, if hired, for immediate termination.

2. I understand that this application is considered current only during the period that the current job opening exists. To be considered for later employment a new application must be submitted in person and in writing when a job for which you wish to be considered is advertised.
I understand that if I am selected for employment additional information may be required by state or federal laws or regulations. I understand that compliance with the agency's Personnel Policies and Procedures and the agency's Drug Free Work Place and Testing Policy are conditions of continued employment.

3. I understand that if hired, my employment would be an at-will relationship, which means it could be terminated, with or without notice at any time, by me or by my employer, for any reason or for no reason at all, but not for an illegal reason.

4. I also certify that no supervisor, manager, or representative of the Company, has made promises to me that would create a contract between the Company and me, or has made promises that would in any way alter the at-will relationship.

5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information that they might have, personal or otherwise, with regard to any other subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

6. I understand that Noble County Rural Water District #2 does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

7. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete a I-9 Form in this regard.

8. I understand that I may be offered employment, conditional upon satisfactory completion of a thorough background investigation and/or drug screen. If offered employment with Noble County Rural Water District #2, I agree to participate in this process. I also understand that refusal to participate in any part of the background investigation process may result in disqualification from consideration or employment or withdrawal of a conditional offer if one has been made.

THIS APPLICATION MUST BE SIGNED

Signature of Applicant

Date