



315 Bailey Scales Rd  
P.O. Box 277 Bedford IN 47421  
812-279-2774 M-F 7AM-3:30PM  
[www.northlawrencewater.com](http://www.northlawrencewater.com)

## JOB APPLICATION

Date \_\_\_\_\_

Name (last, first, middle)  
\_\_\_\_\_

Address (number and street, city, state and zip code)  
\_\_\_\_\_

Phone number  
\_\_\_\_\_

E-mail address  
\_\_\_\_\_

Are you eligible to work in the U.S? Yes \_\_\_ No \_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_

Have you ever been terminated from employment or asked to resign? Yes \_\_\_ No \_\_\_

If yes, please provide company name & details \_\_\_\_\_

Can you work overtime, including weekends? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of your job for which you are applying, with or without a reasonable accommodation? Yes \_\_\_ No \_\_\_

### EMPLOYMENT DESIRED

Position for which you are applying  
\_\_\_\_\_

Date you can start  
\_\_\_\_\_

Salary desired  
\_\_\_\_\_

Are you currently employed?  
\_\_\_\_\_

If so, may we contact your current employer?

Yes \_\_\_ No \_\_\_

Have you ever been employed here before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you ever applied here before?  
\_\_\_\_\_

When?  
\_\_\_\_\_

Work Preference

Full-time \_\_\_ Part-time \_\_\_

Are you related to any employee or board member at North Lawrence Water Authority?

Yes \_\_\_ No \_\_\_ If yes, name of employee/board member \_\_\_\_\_

**EDUCATION**

**Name & location**

**No. of yrs. Attended**

**Degree received**

High School \_\_\_\_\_

College/University \_\_\_\_\_

Trade/Business \_\_\_\_\_

Please list any trainings, licenses, certifications etc. that might be beneficial for your employment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

**(list your last four employers starting with the most recent)**

Employer Name & Address \_\_\_\_\_

Name & phone # of supervisor \_\_\_\_\_

Position, skills, duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Name & phone # of supervisor \_\_\_\_\_

Position, skills, duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Name & phone # of supervisor \_\_\_\_\_

Position, skills, duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Name & phone # of supervisor \_\_\_\_\_

Position, skills, duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Pay \$ \_\_\_\_\_ per \_\_\_\_\_

**REFERENCES**

Provide the names and contact information for at least 3 people, not related to you, that have known you for at least three years.

<u>NAME</u>	<u>PHONE #</u>	<u>COMPANY</u>	<u>YEARS ACQUAINTED</u>
1			
2			
3			

**PLEASE READ BEFORE SIGNING**

North Lawrence Water Authority is an equal opportunity employer. North Lawrence Water Authority does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical/mental disability, military status or unfavorable discharge from military service.

I understand that completion of this application does not guarantee employment with North Lawrence Water Authority. I attest that all information provided on this application to be true and nothing has been concealed. I also understand that falsifying information on this application will constitute cause for the denial of employment or immediate dismissal. This application with my signature authorizes North Lawrence Water Authority to contact my former employers and the references I have provided.

Date \_\_\_\_\_ Signature \_\_\_\_\_

