



RURAL WATER DISTRICT NO.1
Murray County
P.O. Box 235 Sulphur OK, 73030
580/622-2093

“This facility is an equal opportunity provider and employer.”

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Drive's License: _____
Operator: _____
CDL: _____ Expiration date: _____
License number: _____ State of Issue: _____ Chauffeur: _____
Have you had any accidents during the past three year? How many?

Have you had any moving violation during the past three years? How many?

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for:
 Days/hours available No Pref _____ Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____ Sun. _____
 to work: _____

How many hours can you work weekly? _____ Can you be on call? _____

Employment desired _____ Full-Time only _____ Part-Time only _____ Full-OR- Part Time

When available for work? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

An application form sometimes makes it difficult for an individual to adequately a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

**CONSENT TO CONDUCT A BACKGROUND
INVESTIGATION AND RELEASE**

RURAL WATER DISTRICT #1, MURRAY COUNTY

I, _____(applicant's name) have applied for employment with Rural Water District #1, Murray County to work as a _____(job title). I understand that in order for the District to determine eligibility, qualifications and suitability of employment, this investigation may include asking my current and any former employer about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give consent for any employer to release any information requested in connection with this background investigation.

I waive _____do not waive _____(initial only one) my right to see any written or other information provided to the District by any institution.

I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer and any officer or employee or either, that furnishes written or oral references to this District to complete its background investigation.

A photocopy or fax copy of this form shows my signature shall be as valid.

DATED this _____ day of _____ 20_____.

Witness

Applicant

CONSENT TO DRUG AND/OR ALCOHOL TESTING

I have read and I understand my employer's policy regarding substance abuse. I understand that it is the practice of my employer to conduct drug and alcohol tests for the purpose of carrying out this policy.

I understand that I cannot be compelled to take a drug or alcohol test. I further understand that if I refuse to consent to such a test, when requested by my employer, my employment may be immediately terminated. I understand that if such a test reveals an unexplained presence of a drug and/or alcohol, my employer may take disciplinary action against me, up to and including termination of my employment. I further understand that, if I fail to respond to a Medical Review Officer within three days of the initial contact, disciplinary action may be taken against me, up to and including termination of my employment.

I authorize the officers, employees and agents of my employer to communicate among themselves for official purposes my drug and/or alcohol test results both orally and in writing, and to communicate such test results at any judicial or administrative proceeding. I also authorize my employer and its officers and agents to have continued access to my biological specimens for the purpose of any further analysis or study that may be necessary.

(check one of the boxes below)

I hereby consent to my employer (through its authorized agents) collecting blood, urine, saliva or breath samples from me to conduct testing to detect the presence of drugs, alcohol or other controlled substances. I hereby release my employer, its officers, agents and employees from any and all claims or liability arising out of or relating to such testing or the enforcement of its substance abuse policy.

I refuse to consent to such testing.

Employee's Signature

Date

Printed Name

Witness

Social Security #

Home Telephone #

Rural Water District #1, Murray County
Name of Employer

NOTICE: After the employee has signed this form,
please place copy in the employee's local personnel
file.